A STUDY ON THE WELFARE OF ELDERLY WOMEN IN CHIVI DISTRICT IN MASVINGO, ZIMBABWE

by

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I declare that "A study on the welfare of elderly women in Chivi District in Masvingo-Zimbabwe" is my own work and that all sources that I have cited have been indicated and acknowledged by means of complete references.

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ABSTRACT

The growing number of elderly people worldwide, including Africa, underscores the importance of policies pertaining to the welfare of this group. This study aims to deepen an understanding of the welfare of elderly women in Chivi District in Masvingo Province, Zimbabwe. The ageing process is influenced by multiple intersecting vectors hence the theoretical bases for this study are varied and Critical Feminist Gerontology [CFG] and the Life Course Perspective [LCP] are the guiding theories for this study. Both theories steered the interpretations of the experiences of elderly women as revealed through in-depth interviews conducted in Chivi communal areas. The in-depth interviews were the most suitable as the study had adopted a qualitative research paradigm and a case study design. In-depth interviews were conducted with four resource persons, that is, the District Administrator, Social Welfare Administrator and two Village Heads from the study areas. The main focus was on eighteen elderly women that were selected with the use of snowball sampling. The participants' narratives exposed how gender hierarchies influenced their welfare through the interlocking dynamics such as gender, age, politics, social status, race, social location and social change that were experienced simultaneously by the participants throughout their life course. The study exposed that elderly women in Chivi District were ignorant of social welfare legislation inclusive of the 'Older Persons' Act' of 2012. They were also invisible in society as they remained marginalised and not targeted in most social welfare programmes. Their plight was worsened by lack of vibrant family support systems that are assumed to be safety nets for the elderly. However, elderly women were not passive as they also made decisions in their households as some had become breadwinners. Therefore, the study recommends participation of the elderly women in policy formulation and implementation. It is with no doubt that elderly women need to be socially, economically and politically empowered for them to retain their dignity in society. The state has the power and authority for resource allocation therefore it is recommended that they create robust and sustainable social welfare policies, legislation and fund programmes that target the elderly especially women.

Key terms: social welfare, elderly, gerontology, empowerment, legislation, vulnerable, ageism, sexism, Zimbabwe, exclusion

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LIST OF ACRONYMS

ADL: Activities of Daily Living

AFRAN: African Research on Ageing Network

AIDS: Acquired Immune Deficiency Syndrome

AMTO: Assisted Medical Treatment Orders

AWRO: African Women's Rights Observation

BEAM: Basic Education Assistance Module

CEDAW: Convention on the Elimination of all forms of Discrimination against Women

CEO: Chief Executive Officer

CFG: Critical Feminist Gerontology

CGP: Chivi Growth Point

DA: District Administrator

FAO: Food and Agriculture Organisation

FFWP: Food for Work Programme

FNS: Food National Security

FTLRP: Fast Track Land Reform Programme

HAI: HelpAgeInternational

HIV: Human Immunodeficiency Virus

IADL: Instrumental Activities of Daily Living

ICESCR: International Covenant on Economic, Social and Cultural Rights

ILO:	International Labour Organisation
LCP:	Life Course Perspective
MDGs:	Millennium Development Goals
MIPPAAS:	Madrid International Plan of Action on Ageing Summit
MoU:	Memorandum of Understanding
MP:	Member of Parliament
NASSA:	National Social Security Authority
NFSP:	National Food Safety Program
NGOs:	Non-Governmental Organisations
NGP:	National Gender Policy
SADC:	Southern Africa Development Committee
SDG:	Sustainable Development Goals
SSA:	Sub-Saharan Africa
SWA:	Social Welfare Administrator
UDHR:	Universal Declaration of Human Rights
UNECA:	United Nations Economic Commission for Africa
UNECE:	United Nations economic for Europe
UNICEF:	United Nations International Child Emergence Fund
UNIFPA:	United Nations Population Fund
USAID:	United States Agency for International Development
VH:	Village Head

VHW: Village Health Workers

WFP: World Food Programme

WHO: World Health Organisation

ZCCMT: Zimbabwe Centre for Conflict Management and Transformation

ZNGP: Zimbabwe National Gender Policy

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Chapter 1

Background

1.1 Introduction

The study focuses on the social welfare of elderly women in Chivi District. Social welfare[1] refers to a wide range of activities and services by volunteers, non-profit organisations and governmental agencies providing help to need persons unable to care for themselves; activities and resources designed to enhance or promote the wellbeing of individuals, families and the larger society; and efforts to eliminate or reduce the incidence of social problems (Hansan 2017). Worldwide the elderly population is escalating, prompting the establishment of social welfare policies focusing on the needs of the elderly. The aging phenomenon is complex and it needs to be conceptualised through multi-dimensional lenses that give comprehensive insights of the aging process throughout the individual's life course. Moreover, life trajectories of individuals are often influenced by gender hierarchies that are intrinsic in patriarchal societies. Such unequal gender relationships imply entrenched oppression and marginalisation of women in society and this has been accepted by both men and women, hence the oppression and exploitation of women is perpetuated and men's superiority over women is seldom questioned. To address the inequalities between men and women in society, this study used a critical feminist theory [CFG] and the life course perspective [LCP] to analyse the complexities embedded in the aging processes of women.

1.2 Background to the study

The exact chronological age for being labeled as elderly varies from country to country, but in Zimbabwe it is 65 years (Older Persons' Act, 2012). For the purpose of this study, the term

[1] Social welfare in the study describes the wellbeing of elderly women in the context of all activities done to enhance their welfare that include, socio-economic status, health, living conditions through social security policies (Hansan 2017).

'elderly person'[2] refers to any person aged 65 years and above although it must be noted that certain sources use 60 years as their standard measure to indicate elderly people. The population of elderly people globally is growing faster than other age categories at the rate of 2% per year and is expected to increase to 2.8 % between 2025 and 2030 (Joubert & Bradshaw 2005; Aboderin 2008; HelpAge International [HAI] 2013; UN Population Division 2018; WHO 2020). This population category was estimated at 962 million in 2017, more than twice as large as it was in 1980 when the figure was 382 million worldwide (World Population Ageing 2017: 1; WHO 2020).

These projections imply rapid expansion of the elderly people as illustrated in the table below:

Table 1: Number and distribution of persons aged 60 years or over by region, 2017 and 2050

	Number of persons aged 60 years or over in 2017 (millions)	**Number of persons aged 60 years or over in 2050 (millions)**	**Percentage change between 2017 and 2050**	**Distribution of older persons in 2017 (percentages)**	**Distribution of older persons in 2050 (percentages)**
World	962.3	2080.5	116.2	100.0	100.0
Africa	68.7	225.8	228.5	7.1	10.9
Asia	549.2	1273.2	131.8	57.1	61.2
Europe	183.0	247.2	35.1	19.0	11.9
Northern America	78.4	122.8	56.7	8.1	5.9
Latin America and the Caribbean	76.0	198.2	160.7	7.9	9.5
Oceania	6.9	13.3	92.6	0.7	0.6

[2] I used the term 'elderly person' instead of 'older person' to remove any sarcasm that may be attached to the term and the ambiguity it may hold. Elderly suggests wisdom and it indicates a senior figure in the community and may be regarded as politer than 'older people' in certain contexts (Taylor 2011).

Data source: United Nations: World Population Prospects (2017).

The projections above indicate that by 2050 every region in the world will experience a substantial increase in the size of its population aged 60 years and above (World Population Ageing 2017: 5). Current figures also suggest that Africa is experiencing the largest percentage increase in this segment of the population (Population Facts 2016; World Population Ageing 2017: 5). The population of the elderly in Sub-Saharan Africa is projected to nearly double from 35 million in 2006 to 69 million in 2030 (Velkoff & Kowal 2007: 4; Zimmer & Dayton 2011: 295-312; Population Facts 2016) and to reach 161 million in 2050 (World Population Ageing 2017). At such phenomenal rates, projections point to a 2.1 billion global peak of the elderly population by 2050 (World Population Ageing 2017: 1; WHO 2020).

The increase in the growth of the elderly population is concomitant with a growing global concern about their welfare. Consequently, international collaborations and conferences have been held targeting issues related to the elderly. Notable international platforms include the Madrid International Plan of Action on Ageing Summit [MIPAAS] in 2002, the Toronto Declaration on the Global Prevention of Elder Abuse 2002, the African Union Regional Policy Framework and Plan of Action on Ageing 2003 [AU-Plan] and a conference of the International Federation of Ageing held in 2006. In addition, the UN developed the Sustainable Development Goals (SDGs) which if well implemented by member states would support the decade on healthy ageing 2020-2030 (WHO 2020). Healthy ageing is about maintaining the functional ability that allows a person to do things that an individual values, that is, preserving physical and mental capacities (WHO 2020). These variables are embedded in some of the SDGs which were developed by the United Nations. Therefore, it is critical for member states to craft policies that promote healthy ageing, for instance, by supporting age friendly environments and just societies for sustainable development (WHO 2020).

These platforms created drivers for the emergence of policies specifically for the elderly population. The development of the the SDGs by the United Nations and Agenda 21 in

Zimbabwe led to an increase in government policies aimed at the welfare of the elderly persons (Dhemba 2013: 4; Population Facts 2016; WHO 2020). In Zimbabwe, the then Ministry of Public Service, Labour and Social Welfare [now Ministry of Labour and Social Services] drafted the Older Person's Bill in June 2002 following recommendations made at the MIPAAS in May 2002. The Bill was enacted into law in 2012.

The welfare of the elderly comprises multi-dimensional variables such as nutrition, health, accommodation, finance, safety and social security. These factors were highlighted in the Madrid International Plan of Action on Ageing [MIPAA] and the SDGs. MIPAA specifies that social protection assists poor people, including the elderly, to respond to the effects of poverty (HAI 2010; Population Facts 2016). Article 9 of the International Covenant on Economic, Social and Cultural Rights [ICESCR] and SDG goal 8 focuses on the reduction of poverty among the poor and the elderly by emphasising the issue of social protection. In tandem with the conventions, the Constitution of Zimbabwe (2013) [Part 2; Clause 82] states that elderly persons aged 70 years and above have the right to receive care, assistance from their families and the state, health care and medical assistance and to receive financial support by way of social security and welfare. However, the clause contradicts the 'Older Persons Act' [2012] that targets those who are 65 years and above.

Furthermore, the Zimbabwean government has reduced the retirement age from 65 to 60 years. This means those who have been retired are not entitled to social assistance under this Act even though they may need it. This mostly affects elderly women who are already under resourced because of gender inequalities in society hence their welfare is compromised. Such fragmentation of the laws make interpretation, monitoring, evalution and implementation difficult (UNICEF 2018: 2). Hence studies have shown that the weaknesses inherent in the Act and its "isolated nature" does not augur well for the elderly, particularly women (Dhemba & Dhemba 2015). In Zimbabwe, the Public Assistance Scheme provides for *the poor*, [my emphasis] inclusive of the elderly. This is prone to the erroneous assumption that the extended family system is still functional everywhere and care for the elderly takes place within this context (Dhemba 2013: 9; HAI 2013). This approach leads to existing schemes in Zimbabwe being criticised for failing to address the needs of the elderly in a comprehensive manner

(Dhemba 2013: 10). For instance, the 'Older Persons Act' [2012] provides selective social welfare services and this implies that the plight of elderly persons can worsen (Kaseke, Gumbo, Dhemba & Kasere, 1998; Dhemba 2013). This is because the eligibility for public assistance in the government's classification is being destitute (Older People's Act 2012).

On a more positive note, Botswana, South Africa, Mozambique and Zimbabwe embrace the elderly in their health care policies as stipulated in the National Reproductive Health Strategy, 2009-2012 and in the South African National Health Charter of 2005 and National Health Act of 2003 that make specific provisions for the elderly (HAI, 2013). Zimbabwe's policy is to provide free health services for pregnant and lactating mothers, children under five and those aged 60 years and over (Health Transition Fund, 2011:14).

Against the background of a growing elderly population challenges for governments emerged since elderly people have unique needs and extended families were not taking care of all of them. Internationally, there have been various treaties signed to address these needs and locally certain policies have been developed, but they are not necessarily in support of each other.

1.3 The research problem

The dramatic increase in the number of the elderly has great significance in terms of national policy in every country. In Zimbabwe demographic changes have implications on important policies that include social welfare policies and social protection systems. This is because increased life expectancy impacted heavily on family members, relatives and friends who assist the elderly in their late stages of life (Mapoma & Masaiti 2012; Nyikahadzoi et al 2013; Dhemba 2013; Powell & Khan 2014; Taruvinga & Simbarashe 2015). Moreover, it is established that most Africans enter old age after a lifetime of poverty (Apt 2000: 4; Charlton & Rose 2001; Powell & Khan 2014: 147). This makes elderly people more dependent on the extended family network, their communities and the state. Consequently, there is need for the state to augment the efforts of family members and relatives in supporting the ageing population through different forms of social assistance and social insurance. However, the social protection systems that aid social welfare assistance in Zimbabwe have exerted

pressure on the fiscus forcing the government to craft new policies to finance the welfare of the elderly. The assistance required includes financial, medical and social services. This ideally should be provided to the elderly by both the formal and informal systems.

Projections from studies in Africa, Zimbabwe included, show that the population of elderly women is on the increase compared to their male counterparts (World Population Ageing 2017: 1; WHO 2020). Consequently, there is a greater need to support this sector of the population. In response, the Government of Zimbabwe drafted 'The Older Persons' Act' of 2012 that aims to mitigate the myriad problems of the elderly. The government should therefore craft policies that are gender sensitive, sustainable and transformative. This is because the ageing processes are determined by intersecting variables such as age, gender, ethnicity, socio-economic status, historical events and social location of individuals. The adequacy of the policies in addressing the welfare of the elderly has always been under spotlight as the elderly, particularly women, suffer marginalisation and poverty. This study appraises the social welfare of elderly women in Chivi District who are 65 years old and above. The pivotal question is: Do social welfare policies in Zimbabwe effectively address the needs of elderly women in Zimbabwe?

1.4 Research questions

The following subsidiary research questions guided the study:

1. How are the social welfare policies related to elderly women in Zimbabwe implemented in the Chivi District?
2. What are the perceptions of elderly women in Chivi District on how the social welfare policies address their needs?
3. What social welfare challenges do elderly women face in Chivi District?
4. How do welfare policies help to empower elderly women in Chivi District?
5. What informing framework can be used to improve the lives of elderly women in Chivi District?

1.5 Objectives

The study's objectives are to:

1. analyse the implementation of policies guiding the welfare of the elderly in Chivi District,
2. examine perceptions of elderly women on the implementation of social welfare policies in Chivi District,
3. establish social welfare challenges faced by elderly women in Chivi District,
4. ascertain how social welfare policies in place help to empower elderly women in Chivi District;
5. develop a framework that can be used to improve the lives of elderly women in Chivi District.

1.6 Rationale for the study

Various studies have unearthed that most elderly women are vulnerable to risk factors such as poverty, especially those in Africa, inclusive of Zimbabwe (Zimmer & Dayton 2011: 295-312, HAI 2013; Kimani 2014; Population Facts 2016; World Population Ageing 2017). This situation is attributed to different factors that are associated with their life trajectories. The study sought to contribute to the literature on gerontology by focusing on the specific problems faced by elderly women in a specific African location.

All societies have elderly persons and everyone ages. The escalating number and projections of the aging population globally, in Sub-Saharan Africa and in Zimbabwe in particular, show an increasing need for the study of the elderly persons (Nhongo 2004: 2, Aboderin 2008; UN Population Division 2008; Zimmer & Dayton 2011: 295-312, HAI 2013; Kimani 2014; Population Facts 2016; World Population Ageing 2017). In Africa the number of the elderly women is superseding their male counterparts (Gaminiratne 2004: 2; World Population Ageing 2015: 2; Population Facts 2016: 1; WHO 2020). In Zimbabwe the current population stands at 16 794 928 with a sex ratio of 8 284 581 males to 8 511 061 females (United Nations Population Division 2018). Further analysis on the demographic statistics indicates that 3.8% of the population is older than 65 years of which 263 469 are male and 362 599 are

female. In Masvingo, it is estimated that there are 794 341 elderly women and 690 749 elderly men. Projections in Masvingo indicate that there are more women than men at an average of 2.1% growth rate (ZimStat Population Projections Thematic Report 2015: 47). This can be attributed to women's higher life expectancy (Gaminiratne 2004: 2; Crampton 2009: 3; Lazar 2017).

With increasing age, problems such as declining health, money/retirement funds, cost of living problems, and discrimination in life in general are likely to occur (Nhongo 2006: 8; Crooks 2009: 3; Sehmi 2009: 2; Porter & Sathianathan 2015; World Population Ageing 2017: 1). In order to address such problems more effectively, this study focuses on both policies and legislation targeting the welfare of the elderly, particularly women, with the hope of assisting policy makers to develop appropriate responses. This study is also in reaction to the government's funding models in relation to the welfare of elderly women. For instance, in Zimbabwe health care of the elderly is minimal (Kaseke, et al 1998; Zhou & Zvoushe 2012: 215; Dhemba & Dhemba 2015). In some cases, younger people view the elderly as useless and frail as they are no longer productive in the capitalist society (Kidd, Abbott & Czernianwski 2011:149; Fredvang & Biggs 2012: 6; Crampton 2013: 104; Eboyehi 2015: 340). Furthermore, practices related to modernisation, education and industrialisation took away the elders` status as important repositories of information (Nelson 2007: 38).

Since the elderly persons' welfare is a cause of concern, legislation in most countries in the sub-Saharan Africa region mandates governments to recognize elderly people's rights in terms of their health, social protection, finance, accommodation and to be free from all forms of abuse (UNIFPA 2006; WHO 2020).

However, many studies done in Zimbabwe take elderly persons as a homogenous group, ignoring the differences between men and women as variables such as race, sexuality, power relations/struggles, social location and context were not central in social welfare policies including the 'Older Persons' Act' [2012]. Most importantly, I have not come across any policy or legislation that is specifically targeting the rural elderly women in Zimbabwe.

Therefore, policy and legislation on the welfare of the elderly fail to recognise the heterogeneity amongst this category.

1.7 Theoretical perspectives

As stated, the growing rate of the elderly world wide, particularly in sub-Saharan Africa has seen the need for the development of social welfare policies and legislation. The living standards of the elderly often took centre stage in research as they are catergorised as a vulnerable group.

Feminist gerontologists focused on elderly women as they are believed to be more vulnerable due to the caring roles they shoulder in the absence of adequate resources (HAI 2005; Aboderin 2005: 5; Nabalamba & Chikoko 2011: 2; Schatz, Gomez-Olive, Ralston, Menken & Tollman 2011: 4). However, feminist gerontologists have looked at elderly women as a homogeneous group giving little attention to other differences such as race and locality and hence black African rural women received minimal attention (Single-Rushton & Lindstrom 2013: 4; Jibrin & Salem 2015: 7). African feminist theories focused on the oppression of women in general but they gave little attention to African rural elderly women (Mushunje 2001: 8; Goebel 2005: 153; Chibaya & Gudhlanga 2013: 126; Maphosa et al 2015: 128).

The study draws on the discipline of Sociology but also related relevant disciplines such as social gerontology. It aims to contribute to the literature of aging, especially the aging of black African rural women. This is enhanced by the infusion of African feminist theory with CFG to give insight into the experiences of African black rural women. The interrogation of the complexities of human aging gives insights into the multiplicity of factors that influence the aging process. This study illuminates the variables that shaped elderly women's lives that include colonialism, gender hierarchy, sexuality, race, education, social location and context. Despite the disadvantages against women they seem to shoulder the burden of caring roles with very little support systems thereby making them poorer, paradoxically showing their resilience. This study also puts into the limelight factors to consider in upgrading the welfare of rural elderly women. This research therefore, may assist policy makers to craft practical

welfare policies that meet the goals of international and national treaties and policies that advocate for the rights of the elderly.

The study has used a variety of lenses to interrogate the life experiences and later life outcomes of elderly women in Chivi District.

The theoretical basis for this thesis is CFG with the LCP as its complement. CFG strives for the transformation of the lives of elderly women while LCP pushes more towards historical events, transitions and trajectories of individuals throughout their life course. By understanding experiences of elderly women governments will be in better positions to formulate policies that emancipate and empower women.

1.8 Outline of the chapters

This thesis comprises eight chapters. Chapter one presents the background of the study; the problem statement; the purpose of the study; the research questions, objectives; and the rationale for the study. The chapter concludes with the outline of all the chapters of the study.

Chapter two presents the theories that inform this study. The feminist theories have been discussed to give insights of the development of CFG that is central to the study. LCP illuminated the life trajectories and transitions that influence life pathways of individuals. The LCP was infused to compliment CFG in the study of the welfare of elderly women in Chivi District. Feminist theories discussed in this chapter give diverse lenses from which the welfare of the elderly women can be viewed. The study could not be comprehensive enough if the African feminist theory was not incorporated to shed light on how African women, especially those in Chivi District have experienced life. CFG's central focus is to emancipate and transform lives of the elderly women through social consciousness.

Chapter 3 reviews related literature as guided by the research objectives and analyses the implementation of social welfare policies guiding the welfare of the elderly women in Chivi District. This is linked to the emergence of welfare policies that are informed by treaties and

conferences ratified by most governments' worldwide. It explores how social welfare policies are implemented and what the general feeling is of participants towards that. This is guided by objective 2: examine perceptions of elderly women on the implementation of social welfare policies in Chivi District. The objective that establishes social welfare challenges faced by elderly women in Chivi District and how social welfare policies in place help to empower elderly women in the district are analysed in chapter 6 simultaneously. The chapter also reviewed literature on health and social issues of the elderly as it is also central to their welfare.

The methodology used in this study is described in Chapter 4. This Chapter starts by conceptualising the qualitative research approach. It unfolds by describing the methodological orientation, the research design as well as the research paradigm. The purposive sampling method, snowball sampling, and in-depth interviews are described and justifications for choosing these methods are also articulated. It describes how data were collected, the challenges encountered during fieldwork and how they were handled. It also describes data presentation procedures and closes by speaking to issues of validity in relation to how the data were handled as well as the research ethics observed during fieldwork.

Chapter 5 focuses on the conceptualisation of the study areas that include the geographical location of Chivi District in Masvingo Province and the analysis based on what the resource persons said concerning the welfare of the elderly women. Chapters 6 and 7 embody the analysis of what the respondents said about their welfare and this is guided by both the research questions and objectives. In both chapters welfare policies were interrogated and analysed taking into consideration their impact on the welfare of the elderly women. The experiences of the participants were described and discussed in both chapters. The implementation of welfare policies was scrutinised in relation to how they impacted on the participants' livelihoods.

Chapter 8 includes a summary of all the chapters. It also focuses on conclusions of the research findings and the suggestions that have been noted for future studies. Recommendations were made based on the research outcomes.

Chapter 2

Theoretical framework

2.1 Introduction

In this thesis two frameworks are used as theoretical orientation lenses to study the welfare of the elderly women in Chivi District, namely critical feminist gerontology (CFG) and life course perspective (LCP). CFG emerged as an endeavour to fill gaps in earlier feminist theories to enhance the comprehension of intersecting vectors such as gender, age, socio-economic status, race and class in the analysis of the aging phenomenon. Early theories focusing on the elderly often lacked an interrogation of the ways in which gender, class and ethnicity/race converge to structure life chances (McMullin 2000: 524). The inability by earlier feminist theories to approach ageing holistically challenged Ray (in Formosa 2005: 398) to combine critical gerontology with feminist gerontology, resulting in the birth of CFG. I used the CFG to avoid the pitfalls of older gerontological theories that were often gender blind and hence seldom distinguished between the life circumstances of men and women.

A second theory, LCP, was also used as it complements CFG as a theory that gives insight into historical life events of individuals. Therefore, life course outcomes for elderly persons can be understood within the realms of social institutions [macro-level], social networks [meso-level], and micro social events [individual] that are embedded in trajectories and transitions throughout life (Cooke & Gazso 2009: 354; Heinz 2010). The LCP perspective was thus important for the study on how historical life pathways at both micro- and macro-levels provided windows to gain insight into the current welfare statuses of the elderly women in the Chivi District.

Significantly, the two theoretical perspectives, because of their complementary nature and the qualitative approach used in this study, allowed a comprehensive approach and analysis of the welfare of elderly women in communal areas in Chivi District in the contexts of gender, history, political environments and cultural influences among other phenomena. CFG is discussed here by providing brief overviews of selected feminist approaches and the development of gerontological theories. Both these strands of theoretical development inform

the theoretical approach in this thesis. After explaining the development of CFG, the life course perspective is presented. The chapter concludes with a theoretical framework to illustrate how these two theories complement each other.

2.2 The origins and development of feminist theories

The word feminism originated from the Latin word femina that describes women's issues (Ghorfati & Medini 2014: 16). Ghorfati & Medini highlighted that feminism came to prominence as early as the first decade of the twentieth century in Britain, then in the 1910s in America and by the 1920s in the Third World.

Feminism was a response to the dehumanisation and gender oppression of women by men in pre-colonial and current societies under the auspices of patriarchy (Watkins 2000: 1; Hooyman, Browne, Ray & Richardson 2002: 4). This propelled activists to challenge male domination in society. Women felt the exploitation by men in all spheres of life that is social, economic and political as these intersected with other social hierarchies to oppress women (Smith-Taylor 2015: 30; Perry 2018: 142). This consciousness among women was a catalyst to the emergence of feminist movements in developed and developing countries. Feminists concur that a major problem in women's oppression and exploitation is sexism (Ridgeway 1997: 221; Watkins 2000: 1; Hindin 2000: 259; Smith-Taylor 2015: 15). Sexism is the social belief that there are innate psychological, behavioural, and/or intellectual differences that connote the superiority of one group and inferiority of the other (Watkins 2000: 1; Motta et al 2011: 5; Ghorfati & Medini 2014: 16). The aforementioned scholars point out that males and females have been socialised from birth to accept sexist thoughts and actions hence, women can be as sexist as men.

Therefore, the focus of feminist movements was to end gender stratification, sexism, sexist exploitation and oppression (Watkins 2000: 1; Hooyman, Browne, Ray & Richardson 2002: 4; Motta et al 2011: 2; Smith-Taylor 2015: 12; Perry 2018: 142). Consequently, feminism became a major branch of theory that shifted its assumptions and analytic lens from the male viewpoint and experience towards that of women (Crossman 2018). However, this must be

understood contextually because issues that may be of concern to women in one place and time may be completely different for other women in another place and time (Nyokabi 2011; Gwatiri & McLaren 2016: 267). For instance, Collins (2000: 23) notes that black women face social practices within a historical context that represents a 'unique matrix of domination' characterised by intersecting oppressions. For example, black African women, inclusive of Zimbabweans, were exposed to interlocking oppressions such as colonialism, racism, gender discrimination, patriarchy, cultural stereotypes, politics, economics, laws and religion. These oppressions were different from the experiences of white women.

Consequently, different feminist theories have been used to explain and address gender inequalities in society and these include liberal, radical and socialist feminist theories. The theories interrogate power relations between sexes and the oppression of women by men in society (Tong 2009: 15; Motta et al 2011: 5-6; Samkange 2015: 1172; Lay & Daley 2015: 52). Although all feminist theories focus on the oppression of women in patriarchal societies, they differ in approaches. The different approaches are to be discussed briefly in relation to their major focus and stages of development as well as evaluating the relevance of the theories for this study.

2.2.1 Liberal feminism

According to liberal feminists, female subordination is rooted in a set of customary and legal constraints that block women's entrance to, and success in the public world (Tong 2009: 15; Lay & Daley 2015: 52). In response, the perspective advocates for rights of women in the education system, the right to vote, economic independence, citizenship, and other issues of equality (Lay & Daley 2015: 52). This is because liberal feminists dispute the view that women are by nature less intellectually and physically capable than men (Watkins 2000: 1; Tong 2009: 15). Therefore, the liberal feminists believe that the emancipation of all women from men's oppression may largely be achieved through laws that advocate for equal rights and opportunities for women relative to men. However, the main query here is, "Who crafts and directs policy?" In most cases, especially in African countries such as Zimbabwe, governments are male dominated hence they are the law bearers. Consequently, they ignore to enforce policies that advance women's liberation.

For example, the Zimbabwean government ratified several national and international declarations and conventions such as the National Gender Policy [NGP] launched in June 2004 and reviewed in 2017. Its goal is to eliminate all negative economic, social, political policies, cultural and religious practices that impede equality and equity of sexes (NGP 2017: 3). The government is also a signatory to the 1979 United Nations Convention on the Elimination of all Forms of Discrimination against Woman [CEDAW], African Women's Rights Observatory [AWRO], SADC Gender Protocol and the 1995 Beijing Conference on Women that advocate for land rights of women. However, the policies were never fully adhered to especially in Zimbabwe. For instance, women struggle to possess land as they still own land through their husbands or male relatives (Seidman 1984: 419; Parpart 1995: 8; Goebel 2005: 153; Chabaya & Gudhlanga 2013: 125). Women also occupy few positions of power, especially in politics (Maphosa, Tshuma & Maviza 2015: 128). Therefore, the focus of the feminist perspective is to level the playing field that would allow women to seek the same opportunities as men. In line with this, liberal feminists advocate for social justice in various fields (Hooyman, Browne, Ray & Richardson 2002: 4; Smith-Taylor 2015: 12: Gwatiri & Mc Laren 2016: 267).

The liberal feminists believe that all individuals have an equal potential to reason. Therefore, if granted equal and economic opportunities, men and women can be at the same level. Yet women suffer oppression and injustice not only because they are discriminated against as women, but also because of their class, race, age, religious or ethnic backgrounds or sexual orientation (Hellum, Stewart, Ali & Tsanga 2007: xxi). Hence, portraying the oppression of women as universal is an understatement and unjust. Thus, the liberal feminist theory was dropped as the main theoretical framework in this study as it promotes prescriptions of roles in the social structure. The prescriptions lead to inequality between men and women (Collins 2000). An alternative to liberal feminism is the radical feminist theory.

2.2.2 Radical feminism

According to radical feminists, sexism seems to be intrinsic in society and the only cure is to eradicate patriarchy (Watkins 2000: 1; Motta et al 2011: 5; Ghorfati & Medini 2015: 16).

Motta et al (2011: 5) believe that patriarchy is the foundational system of power from which all other injustices spring. For instance, gender socialisation results in an entrenched gender hierarchy in society that has promoted and is still promoting sexism (Watkins 2000: 6). Consequently, in most patriarchal societies such as Zimbabwe, most men call the shots in the family set-up as they are the decision makers and heads of families. For example, in a patriarchal system, men have free access to their wives and to their labour power meaning that women seem not to have power over their bodies rendering them subordinate to men (Ridgeway 1997: 221; Hiddin 2000: 259; Chibaya, Rembe & Wadesango 2009: 239). The radical feminists advocate for the destruction of patriarchal structures such as social and cultural institutions, that include family, religious, legal and political structures (Tong 2000: 15; Lay & Daley 2015: 51).

However, the radical feminists were unable to identify adequately the material basis of the oppression and exploitation of women by men (Motta et al 2011: 6). The tendency of radical feminists to portray patriarchy as the basic form of power also ignores the ways in which gender hierarchies are intertwined with race and class in the subordination of women (Motta et al 2011: 6). One of the weaknesses of this theory is that it tends to view biology as independent of its environmental contexts, thus the body is not dealt with in the psychological, political and physical milieus of ageing. This caused a constricted understanding of gendered oppression in society and it failed to offer women a clear path to liberation. Hence the approach alone was not adequate for this study of the elderly women in Chivi District.

2.2.3 Socialist feminist perspective

Socialist feminists focus on the interlocking system of oppressions exerted on women by men rather than viewing patriarchy as the centre of women's subordination (McMullin 2000: 524; Tong 2009: 17). This is because patriarchy is inter-related with, and informs relationships of class, race, ethnic, religious and global imperialism (Adeleye-Fayemi 2010: 4). Gender relations are historically rooted in economic, social and political processes that are embedded in the capitalist system (McMullin 2000: 524; Tong 2009: 17). Therefore, the subordination of women is the consequence of inequalities set up in a capitalist society (Motta 2011: 5;

Belknap 2014: 9). The capitalist society created different relations of production because of the gendered division of labour and gendered ideology (McMullin 2000: 52; Hooyman, Browne, Ray & Richardson 2002: 4; Motta et al 2011: 6).

The gendered division of labour was intensified through the separation of the private and the public realms. The dichotomy is the basis for inequality as women do work without pay, without contracts specifying time limits and working conditions (Hooyman 2002: 8; Belknap 2014: 9). Additionally, women are involved in physical, material, emotional and intellectual upkeep of the young, the elderly, the sick, as well as of able-bodied men. However, the work that is done by women in the domestic sphere has no monetary value, is non-technological and relatively invisible and therefore considered as "non-work" (Hooyman et al 2002: 8). Yet, labour by women benefits men by freeing them for other occupations and tasks, including paid labour (Hooyman et al 2002: 8).

Therefore, for equality to prevail in society, Belknap (2014: 9) and Watkins (2000: 52) advocate for the abolition of classes in society so that the means of production are shared and wealth is not owned by a few. Belknap (2014: 9) assumes that a classless society would liberate women of all ages as they would not be economically dependent on men. In other words, women would be just as free as men (Tong 2009: 17). Furthermore, socialist feminists lobby for all women to end both economic and cultural oppressions and this can only happen if women change the social structure by raising self consciousness (Watkins 2000: 6).

From the above background we can safely say that socialist feminists understand that gender relations and interactions are historically embedded in the gendered division of labour. In the same way, Lay & Daley (2015: 51) postulate that women's oppression is a result of a unique constellation of social problems. In that view, socialist feminists criticise other studies of aging for ignoring the history and structure of gender relations (Mehta 1997: 168; Collins 2000: 23; Lay & Daley 2015: 51). Feminist socialists demonstrate that there are variations between different groups of older people according to their class, gender and race and if this was adopted race and ethnicity would become focal, and racial differences among older adults would be better understood (McMullin 2000: 524). However, the theory fell short as it is

economic determinist at the expense of other aspects such as age structures, hence it could not be used for this study on its own.

2.3 African Feminism

According to African feminists, other branches of feminism [specifically Western feminism] place the white woman at its centre ignoring and marginalising the specific problems of African women (Oyewumi 2004: 2; Alta 2017: 4; Tamale 2020: 41). Alta notes that Western feminists failed to acknowledge the basic overwhelming challenges that were, and are still, faced by African women such as mothering and nurturing roles [far more than for middle class Western women in general today]. These roles are still critical to African women as reproduction is responsible for the earliest division of labour and hence for the inequalities that followed as is still experienced (Seidman 1984: 422; Tong 2000: 17; Hooyman et al 2002: 8). For example, women spent most of their time doing domestic work while men spent most of their time doing paid work. This is because society places different values on masculine and feminine behaviours and this is regarded as a basis for relations of inequality between men and women in society (Chibaya & Gudhlanga 2013: 124).

For instance, in the Zimbabwean context, a wife cannot dispose of her earnings without her husband's consent, and no agreement that she might make is binding (Cook 2001: 15; Chibaya & Gudhlanga 2013: 124). Therefore, such perceptions in some African countries create power struggles between men and women as men are placed in positions of power and women in subordinate roles. In such circumstances, the subordination of women exists in most patriarchal African societies such as Zimbabwe and women are still disadvantaged far more in African societies (Chibaya & Gudhlanga 2013: 124; Makaudze 2017: 3). To fight the subordination and oppression of women African women should carefully and rigorously develop home grown conceptualisations that capture the specific political-economic and cultural realities encountered, as well as their traditional worldviews (Tamale 2020: 43).

Although the word feminism originated from the West, its characteristics also apply in African societies before, during and after colonialism (Seidman 1984: 419; Chabaya &

Gudhlanga 2013: 7). The aforementioned authorities dispute the notion that there was equality in traditional societies such as Zimbabwe prior to colonialism, although both men and women had access to land. They point out that although women had access to land, they had no formal authority outside the home and any surplus they produced was expected to go towards feeding their children. In addition, Mushunje (2001: 8) reveals that traditionally women would be allocated a piece of land once married and had given birth to her first child. The restriction that women were allocated land after their first child implies that those who were childless were never allocated land and this is discrimination. Moreover, women were treated as minors under their fathers, husbands and male relatives (Goebel 2005: 153; Chibaya & Gudhlanga 2013: 126). Goebel (2005: 153) further elaborates that African women were used as objects of exchange, between lineage groups and from victorious chiefs to loyal soldiers. This exchange hardly implies equality; rather it was manipulative by promoting the patriarchal system.

In pre-colonial African societies, especially in Zimbabwe, women appear only as they are relevant to a world governed by the principles and interests of men in all spheres of life (Ridgeway 1997: 219, Hindin 2000: 259; Chabaya et al 2009: 239; Makaudze 2017: 3). The authorities noted that male dominance is prevalent in Zimbabwe today as daughters are groomed for marriage roles and they are conditioned to believe that a woman is inferior to a man. Furthermore, in politics women face multiple barriers to reach the top as the government is putting a glass ceiling on women's pathways towards greater political participation (Maphosa et al 2015: 128). Major legal reforms to empower women still hold gender restrictive views about the roles of men and women.

In agreement with Alta (2017: 5), the African feminist perspective should build on the Western feminist perspective by adding variables such as nurturing, motherhood, economics, racism, neo-colonialism, capitalism, religious fundamentalism and dictatorial and corrupt political leadership. This would enhance African feminism to cast light on historical contestations of the oppressive social and cultural conditions that surround women's lives in Africa (Frenkel 2008: 2). For instance, there is consensus among feminists, including Zimbabwean feminists, that there is gender discrimination, exclusion, economic inequality,

power struggle, exploitation of girls and women in Zimbabwe that is still largely practiced (Goredema 2000: 35; Chibaya & Gudhlanga 2013: 124; Makaudze 2017: 3; Crossman 2018).

In addition, it is documented that women are treated differently as illustrated by the Zimbabwean case where after the liberation struggle; women were not given the same treatment as their male counterparts, even though they fought the war side by side. Joice Mujuru [Teurai Ropa Nhongo] a former guerrilla in the liberation struggle of Zimbabwe was perturbed by the treatment of women after independence and aptly said:

> In the struggle we were given the same responsibilities as men. The women showed power, determination, that they were not afraid. If women were comrades and equals during the struggle, then we should become comrades and equals in reaping the fruits of the struggle (Seidman 2001:426).

From these comments the lack of acceptance of women as a definable group with their separate rights can be inferred (Seidman 2001:427; Sita Ranchod- Nilsson 2006: 66). This is confirmed by Sita Ranchod-Nilsson (2006: 66) who states that after two decades of independence, the Zimbabwean government had not only abandoned its advocacy of women's issues, but had in many ways become an obstacle to the improvement in women's lives and even a cause of increased hardships. Feminists agree that a gender hierarchy has persisted in the face of structural changes in all patriarchal societies. However, despite the power struggles between the sexes, the major aim of feminism is not to benefit any group of women and it does not privilege women over men or promote the superiority of women over men (Belknap 2014: 9; Crossman 2018). Rather, it pursues the processes of equality and justice, therefore the focus is to create a world that is gender sensitive.

Different feminist views thus developed over time in different contexts and hence they are not always universally applicable. The next section provides a brief outline of gerontological theories.

2.4 First generation of social gerontology theories

Theories on the ageing process also followed different paths in different contexts. Below is a short overview of some of these major theories, starting with the disengament theory which highlights certain expections and views of people as they age.

2.4.1 Disengagement theory

The disengagement theory regards the aging phenomenon as inevitable and a biological process that diminishes one's capabilities that are expected for individuals to be fully functional in a productive capitalist society. This means that as people grow older, they are expected to relinquish some work roles as they are assumed to be unable to do those activities in a capitalist system (Cox 1988: 27; Powell 2001: 2). Therefore, for society to continue functioning well, the elderly persons should be exempted from work activities paving way for the more energetic, competent, and recently trained personnel to assume roles that have been relinquished by the elderly persons (Cox 1988:27; Bengtson, Burgess & Parrot: 1997, Powell 2001: 2; Marshall & Bengtson 2011: 18; Setterstein & Angel 2011: 19). Therefore, to Cumming and Henry, the original authors of this theory, disengagement is beneficial not only to the aging individual, but also to society as the disruption caused by the eventual death of the aging person is minimised (Cox 1988: 27, Powell 2001: 2; Chen 2002: 209). The argument is that if the social structure is not maintained, there will be social breakdown and society will be dysfunctional (Cox 1988: 27; Marshall & Bengtson 2011: 19; Settersten & Angel 2011: 4).

However, the concept of aging is a social construct and the construction affects people's perceptions of elderly adults and their own aging (Fredvang & Biggs 2012). Additionally, Fredvang & Biggs point out that the perceptions have detrimental effects on the wellbeing of the elderly as they influence resource allocation, priorities and value given to parts of the life course. For instance, most resources, that is, financial or material, are channeled to the youth as the elderly are regarded as people who have outlived their usefulness as they no longer make financial contributions to society (Kidd et al 2011: 149). Consequently, elderly people are often stuck in roles without resources and this impedes the richness of their individual experiences accrued during their work experiences (Powell 2001: 6). This is also evidenced

by the development and implementation of social welfare policies that focus mostly on the wellbeing of the youth rather than the elderly persons in countries such as Zimbabwe where there is only one welfare legislation that specifically target the elderly people (as mentioned, the 'Older Persons' Act' of 2012).

The disengagement theory has been developed from a Western perspective where the elderly who were formally employed were relegated to pave way for young adults who were still energetic to meet the demands of capitalism. The perspective presupposes that all individuals would have been formally employed. This theory has fallen out of favour in Western societies due to its narrow view of older people. In Africa, the theory is not very useful as it lacks recognition of diversity and in the previous century very few black African people, especially in Zimbabwe, were formally employed. The low formally employed figures are due to racial policies that were discriminatory and the nature of the Zimbabwean economy which is heavily reliant on agriculture. Therefore, the theory cannot be adopted in this study of elderly black women in Chivi District.

2.4.2 Activity theory

The activity theory counters the disengagement theory (Powell 2001:2). The theoretical basis of the activity theory is that aging could be lively and creative. The activity theorists emphasise that elderly persons would rather 'wear out than rust out' (Katz 1996). This school of thought dismisses the disengagement theory as inherently ageist without promoting positive aging (Powell 2001: 3, Marshall& Bengtson 2011: 19). Powell (2001) further notes that the disengagement theory neglects issues of power, inequality and conflict among age groups. This implies that the elderly persons should continue to be active and this can only be done by finding substitutes of those roles they have relinquished at retirement (Cox 1988: 3; Printo & Neri 2017: 160).

The assumption of the activity theory is that the relationship between the social system and personality remains stable as an individual advances from middle age to old age (Cox 1988: 30). Cox further notes that any behaviour by older persons that would not be appropriate in middle-aged persons is considered maladjustment. The theory entails that individuals who

adapt and continue to be active and do productive work "succeed" in old age (Cheng, Fung, Li, Li, Woo, & Chi 2015; Printo & Neri 2017: 160). According to the aforementioned authors, elderly people could be involved in productive roles in society which may include paid work, volunteering or participation in social or religious groups.

However, the activity theory has been criticized for ignoring the need for societal-structured alternatives to roles and activities the individual loses as part of the aging process (Cox 1988: 31). It does not consider what happens to the person who cannot maintain the standards of middle age in the later years (Cox 1988: 31). For instance, as people age some suffer from many ailments that prohibit them from doing some activities. By ignoring such factors, the activity theory fails to prepare people to embrace aging. Furthermore, as part of a functionalist perspective, the value consensus that is depicted by activity theory may reflect the interests of the powerful and dominant groups within society (Powell 2001: 3). According to Powell, activity theory fails to resolve tensions within age-group relations which impinge upon the interconnection of race, class and gender with age.

2.5 The second generation of social gerontology theories

Due to the severe criticisms of the disengagement and activity theories, a second generation of aging theories developed. The second generation of aging theories comprise of exchange theory (Dowd 1975), political economy of aging (Estes et al 1984) and life course (Dannefer). Therefore, second generation theories were improvements or critiques of earlier theories of social gerontology (Bengtson, Burgess & Parrott 1997: 6).

2.5.1 The exchange theory

In reaction to the shortcomings of the disengagement theory and the activity theory, Dowd (1975) developed a micro-theory that attempts to explain exchange behaviour between individuals of different ages as a result of the shift in roles, skills and resources that accompany advancing age (Cox 1988; Putney, Alley & Bengtson 2005). Dowd (1975) believes that one of the advantages of the exchange perspective is that it rejects the functionalist disengagement notion of reciprocity between the individual and the social

system and requires an analysis of both sides of each social transaction so that we can determine who is benefiting more and why (Cox 1988: 41).

The exchange theory attempts to explain how certain factors influence patterns of interaction and relationships between two actors (Durant & Christian 2006: 3). Cox (1988: 42) argues that decreased social interaction is the eventual result of a series of exchange relationships in which the power of older persons over their social environment is gradually diminished until all that remains is compliance. This is determined by the outcomes of the intersections of factors such as class position, race, economic status and the educational level of individuals. For instance, the decreased interaction between the old and the young may be due to the old having fewer resources to offer in the social exchanges (Cox 1998:3; Bengtson, Burgess & Parrot 1997: 9). For instance, in Zimbabwe most elderly women were not formerly employed and did not own assets and hence have little to offer in material exchange relationships.

Therefore, if one actor has a lower capacity to reward the other person in the relationship, then the actor with less exchange resources is assumed to be more dependent in the relationship (Cox 1988: 40; Durant & Christian 2006:3). Consequently, the actor with fewer resources may disengage from the relationship not because it is not mutually satisfying, but the relationship will be restricted (Cox 1988: 41; Durant & Christian 2006: 3). For example, in a family relationship where adult children may take care of their aging parents**,** the exchange relationship may be affected by various factors such as resources, social class, gender, ethnicity, personality and health **(**Bengston, Burgess & Parrot 1997: 9; Durant & Christian 2006: 4).

2.5.2 Political economy of age

As a critique to the functionalist perspectives on aging, the political economy of age perspective emerged (Powell 2001: 3). The perspective has the orientation of Marxian insights in analysing the capitalist complexity of modern society and how old age was socially constructed to foster the needs of the economy (Powell 2001: 3). As a social construct, age is influenced by the ideology of the state's capital labour relations on aging and the effects of social policy for elderly people (McMullan 2000: 521; Dannefer & Settersten Jr. 2010: 7).

The focus of political economy is on structural explanations of inequality, rather than individual reasons such as the natural diminishing physical and mental capacities of older people (McMullin 2000: 520; Powell 2001: 5).

The structural explanations are that the role of the state is to govern policies relating to social welfare, in the universal interests of all members of society (McMullin 2000: 520). The importance of the state is the power it has over resource allocation and distribution and its ultimate survival of the economic system (McMullin 2000: 521). For this reason, political economy perspective discusses the state policies relating to retirement and pensions. McMullin argues that the pension system alters or reproduces social inequalities in society. For instance, the pension system disregarded the multi-faceted dimensions of oppressions that hinder women from benefiting from pensions in later life.

As elsewhere, it is well documented in Zimbabwe that women were discriminated against and subjected to poor wages at the work place. This is a result of gender relations in Zimbabwe that have taken the form of male dominance in the home and at the work place (Chabaya & Gudhlanga 2013: 124). Pensions perpetuate class, gender and ethnicity-based inequalities as people age by graduating pension incomes according to pre-retirement income (McMullin 2000: 52). McMullin further argues that, public pension systems represent the compromise between the polity and the economy. To McMullin, income inequality in old age is structured by the state through its policies. However, in some instances income equality among elderly persons is achieved because of the same amount of money that is paid to everyone at retirement on the basis of citizenship (McMullin 2000: 521). However, Zimbabwe does not have a comprehensive public pension system for the elderly.

Political economists believe that life course processes shape power relations and resources in later life as those are influenced by earlier location within the social structure or their class positions (Kin- Kit Li, Cardinal & Settersten 2009: 336; Dennefer & Settersten Jr. 2010: 13; Settersten & Angel 2011, Dannefer 2012: 223). Class inequalities in earlier life also shape processes of age relations (Kohli 2007; McMullin 2000: 521; Dennefer & Settersten Jr. 2010: 3-19). Missing is an analysis of the relationship between age relations and class relations as

they structure inequality in later life (McMullin 2000: 522). Furthermore, the economic and social locations of elderly people reflect not only class inequalities in early life, but also unique processes that are structured by age relations (Dannefer & Settersten 2010: 4).

What was needed, according to Calasanti & Zajicek (1993) and McMullin (2000: 524), was scrutinising how phenomena such as gender, class and ethnicity/race structure life chances. This marked the beginning of feminist gerontology on ageing as researchers now linked feminism with social gerontology. This is because feminist gerontology is uniquely able to offer scholars a lens through which to view intersecting inequalities that are associated with female ageing (Hooyman et al 2002: 4; Garner 2008). Feminist gerontology has drawn largely from socialist feminism (Hooyman 1999: 168).

2.6 Feminist gerontology

Globally it has been observed that women live on average longer than men (HAI 1995; Joubert & Bradshaw 2005: 205; Zimmer & Dayton 2007: 250; Crampton 2009: 3; Bloom & Luca 2016: 18; Lazar 2017; WHO 2020). This realisation has seen the impetus of research on the processes of aging among women as the aging phenomenon has been mostly viewed from the men's perspective in earlier studies. In view of this, gerontology and feminism combined and feminist gerontology emerged. Both feminism and feminist gerontology advocate for the emancipation of women although gerontology extends to recognize the intrinsic value of elderly people (Garner 2008: 6; Lazar 2017). According to Hooyman et al (2002: 4), the focus of feminist gerontology is to advocate for structural change in the promotion of social and economic justice in society. Garner (2008: 6) further states that gerontology also recognizes the dual importance of social action and individual empowerment as mechanisms to enhance the lives of elderly people. Garner (2008) and Lazar (2017) add that oppression of the elderly people increases when different factors of inequality intersect, hence the need to view the processes of aging from a woman's perspective through a variety of lenses.

Aging usually brings with it the deterioration of elderly women's wellbeing due to physical ailments such as arthritis, tuberculosis or dementia that may accompany the aging process.

However, although gerontology accepts the loss of certain functions as people age, it refutes the idea that old age is an inexorable pathway to decay and dependence (Freixas, Luque & Reina 2012: 45). This is in line with the basic belief of activity theory that advances the fact that aging could be lively and creative. In this view, disengagement theory is perceived as ageist and discriminatory. This emanates from the fact that elderly women can be involved in doing work that is age specific. For this to happen there should be a close relationship between the physical and psychological well being in elderly people's lives.

Therefore, to understand the welfare of elderly women in Chivi District, a more multi-dimensional theory that allows a variety of lenses in the study of elderly women in Chivi District was required. For this reason, CFG became a suitable theoretical framework as it embraces diversity unlike other feminist theories that view women as a homogeneous group. The perspective is embedded in the transformative paradigm that has the basic belief that knowledge is not neutral, but is influenced by human interests and all knowledge reflects power and social relationships within society (Mertens 2005: 9).

After this analogy of diverse theories that illuminates the aging processes, I will now focus on CFG and then the life course perspective that largely inform this study. CFG can be viewed as a culmination of previous developments [as discussed above] in the fields of feminism and social gerontology.

2.7 Critical feminist gerontology

As alluded to earlier, gerontology and feminist gerontology were fused together to give birth to CFG (Formosa 2005: 398). CFG attempts to identify the potential for emancipatory social change. It is a theory that aims to transform social reality and to deconstruct stereotypes. In this case gerontologists advocate for the deconstruction of gender stereotypes that are pervasive in society and render elderly women vulnerable. For instance, the exclusion of women in ownership of the means of production, such as land, disempowered them economically and politically, especially in Zimbabwe (Goebel 2005: 153; Chabaya & Gudhlanga 2013: 124; Thabejane 2017). Hence, men have control over the means of

production which is the source of economic and political power (Cook 2001: 9; Chibaya & Gudhlanga 2013: 125).

Therefore, gerontologists should focus on changing people's mindsets by conscientising people through fostering gender equality in all spheres of life. In addition, people should be conscientised to refrain from ageist terminology such as the 'old' [*chembere or mudhara* in Shona] when referring to the elderly persons. Such language is deeply contaminated by the stigma of old age (Freixas et al 2012: 45; Dimkpa 2015). Parpart (1995: 8) argues that it is also of importance for people to desist from public statements that glorify women's roles as mothers and wives. This has encouraged black African women to stay home raising children and doing all the domestic chores rather than entering the work force. These public statements and attitudes are intersecting systems of oppression that produce a systematic organisation of power relations in society (Collins 2007:7).

Ageist attitudes are portrayed in many countries where youth is celebrated at the expense of the elderly (Garner 2008: 4; Freixas 2012: 53; Dimkpa 2015: 225; Lazar 2017: 17). For instance, in Zimbabwe dying of grey hair, the wearing of wigs and different hairdos are rife. These are signs of people trying to look young rather than accepting the ageing processes with its accompanying physical features. Some even go further and bleach their skin for them to look beautiful and young and they are usually called [yellow borns] in Zimbabwe.

Hence, the focus of CFG is to advocate for the removal of ageist attitudes potrayed by some people and the elderly women themselves. These ageist attitudes help in the oppression of elderly women. Therefore, one factor should not be central to the analysis of the oppression of women and gender should not be the sole lens through which feminists understand social relations (Jubrin & Salam 2015: 7). For example, people often experience oppression in terms of one domain, but privilege in another; it is the location within different categories that dictates where we fall on the matrix. Collins (2007: 7) elaborates by giving the following example: "If you are a man you are privileged over other members of the household, but if you are a woman you are oppressed for that reason." This implies that the privilege attached to the man is tied to the oppression of the woman (Azab 2011: 8). From the gerontologists'

perspective, this implies that elderly women may be oppressed on the basis of where they fall on the matrix; some may be privileged because of race, age, social class, social location and social status. From the analysis, we can ascertain that intersecting systems of oppression are historical and social specific (Collins 2007: 7). Therefore, experiences of oppression are based on where a person falls on each of the other systems of oppression such as race, class, gender, sexual orientation, religion, immigration status, disability and age.

Therefore, for a better understanding of the experiences of women, CFG focuses on documenting their experiences to promote new interpretations of female aging (Freixas et al 2012: 44-58). Documentation will help people understand the plight of the elderly women more. In relation to this, Collins (2002: 2) highlights that the diversity of black African women's experiences can best be interpreted from their perspective and documentation of such experiences make their voices heard more widely. Therefore, through CFG the experiences of the research participants would be reported and documented. Consequently, this would contribute to the understanding of the aging phenomenon as a social construct that is context specific. CFG's aim is to illuminate social structures that disadvatage elderly women. Garner (2008: 6) notes that critical gerontology and feminism enable the development of social awareness about inequities, utilisation of theories and methods that accurately depict life experiences and the promotion of change in conditions that negatively impact elderly women. In Zimbabwe, there are clearly laid down policies that are intended to alleviate the suffering of women such as the National Gender Policy of 2013-2017 and clauses in the 2013 Constitution and the Older Persons' Act (2012). However, these policies are not necessarily implemented, especially not to the advantage of elderly women in Chivi District.

In addition, the transformative paradigm provides a useful theoretical umbrella to explore the philosophical assumptions and methodological choices for critical feminist gerontologists (Mertens 2005: 2). For that reason, the use of CFG becomes an endeavour to empower, an attempt to confront the injustice of a particular society and to take on an emancipatory consciousness to all individuals including the elderly persons (Formosa 2005: 399; Mertens 2007: 212). In this light CFG became the much-needed approach for this study as it allowed a

holistic perspective and a deeper understanding of the totality of the social structure, economic and political life of the elderly women through empowerment, advocacy, inclusion, adaptation and egalitarianism (Garner 2008).

Critical feminists not only demand fuller representation of women and women's issues in research, but also seek methodologies and interpretive strategies that extend current thinking about how knowledge is made and disseminated (Ray 2000: 172). CFG exposes the struggles inherent in the life experiences of elderly women, as they possess a generative capacity to question the implicit beliefs of culture and social life of elderly women (Freixas et al 2012: 45). While feminists have struggled to empower women, feminist gerontologists strive to empower elderly women through assisting them in developing new roles, in identifying their abilities and strengths and in utilising their knowledge (Garner 2008: 7, Freixas et al 2012: 44-58).

Therefore, CFG and LCP open a window from which to simultaneously view the multiple oppressions that underpin elderly women. This will provoke gerontologists to lobby for welfare policies that advance and promote the interests of the elderly rural women. For instance, universal social assistance has been proven to be helpful especially in assisting the elderly in some African countries such as South Africa, Botswana and Mauritius (Larry 2003; Schatz et al 2011: 5; Tesliuc et al 2013; South Africa's Voluntary Review Report 2019: 34).

2.8 The life course perspective

The LCP's central focus is on human development from birth to death—ontogeny (Bengtson & Allen 1993: 473; Elder 1994: 5; Wingens, Helga de Valk & Aybek 2011: 12; Alwin 2014: 13). Just like CFG, LCP acknowledges diversity and heterogeneity as important factors in the study of ageing. The life course perspective is regarded as not only an individual level phenomenon, but also as a structural feature of society. It is important in research as it uncovers the interrelationships between individual lives and various types of social policy as it provides a critical perspective on particular social policies (Cooke & Whirter 2015: S16).

This became a much needed perspective in complementing CFG in my study of the welfare of elderly women in Chivi District.

The approach incorporates the dynamics and social processes of aging that occur at both the micro- and macro-levels (Bengston, Burgess & Parrot 1997: 11). It is a convergence of theories that focus on understanding long-ranging developmental trajectories, that is, dimensions of physical, psychological, social development over time, educational, work and family histories or the interactions between them (Bengtson, Burgess & Parrot 1997: 12; Kin-Kit Li, Cardinal & Settersten 2009: 336; Tamale 2020: 17). A trajectory involves a longer view of long-term patterns of stability and change in a person's life, involving multiple transitions (Bengtson, Burgess & Parrot 1997: 12). This perspective gives birth to the view that the process of ageing cannot be understood on its own terms, but should be understood as an experimentally contingent reality involving continuous interactions between the body, psyche and social world (Bengtson & Settersten 2004: 4; Kin-Kit-Li, Cardinal & Settersten 2009: 336). Therefore, individuals are not passive entities but they interact with their social environment.

Hence, ageing is related to social contexts, cultural meanings, social structural location, economic environment and politics-ontogenetic development (Bengtson & Allen 1993: 470; Bengtson 1997: 9; George 2003: 672; Cooke & Gazso 2009: 351; Harcourt 2014: 1; Tamale 2020: 24). Consequently, later years of ageing cannot be understood fully without the knowledge of an individual's early life experiences or life trajectory. This made LCP suitable for my study as historical events and policies had influenced the social status of the elderly women in Chivi District. For example, later life experiences are shaped by, among other things, education, marriage, divorce, economy, public policy and work experiences (Elder 1994: 5; Moen, Dempster-McClaim & Williams Jr. 1992: 1614; Heinz: 2010; Wingens, et al 2011: 11). For instance, racial policies that were discriminatory affected the lives of elderly women in Chivi District. Black people were segregated and received inferior treatment through public policies such as educational, health, welfare policies and land tenure systems (Zvobgo 1994; Shizha & Kariwo 2012; Tamale 2020: 17). Consequently, many black people during the colonial era in Zimbabwe had low or no formal educational levels, especially

women who were regarded as housekeepers (Mba 2006: 181; Kinsel 2005: 24; Mitchell & Bruns 2011: 115; Chabaya & Gudhlanga 2013: 125). This is illustrated by the limited opportunities in the educational sector by the low retention rate of pupils between the first year of schooling, Sub Standard A (primary) and form four (senior secondary) between 1947 and 1960 (Chisaka 2013). In other words, colonialism shaped the elderly women's socio-economic status they experience today (Tamale 2020: 17). The following was the trend in school enrolment and retention then, as it relates to the research participants in this study:

Table 2: Retention in African Schools between 1947 and 1960 in Zimbabwe

Retention	**Year**	**Pupils**	**Drop-outs**
Sub A	1947	81 821	-
Standard II	1950	23 366	58 455
Standard VI	1954	4 429	18 937
Form II	1956	1 888	2 541
Form IV	1958	379	1 509
Form VI	1960	15	364

Source: Chisaka (2013). The Zimbabwe Bulletin of Teacher Education. 12(2): SN: 022-3800

Chisaka (2013) establishes that of the 1 888 who reached Form II [junior secondary] only 379 got to Form IV while a mere 15 reached Form VI [advanced level]. This means out of the estimated 85% of African children who entered primary in 1947, only 1% reached the tenth year of schooling in 1960. Furthermore, Chibaya & Gudhlanga (2013: 127) establish that by 1971 only 43, 5% of black children of school going age were in school. They also revealed that of the 43, 5% only 3, 9% were in secondary school. Consequently, very few black children reached form 4 and form 6 and of those who did, girls were the minority. The trend put on the spotlight the effect of colonialism on the education of the participants who were in their school going age during that time.

Furthermore, gender stereotypes were pervasive in patriarchal societies such as Zimbabwe, undermining girls and women in all facets of life rendering them poor (Goredema 2000: 39; Chabaya & Gudhlanga 2013: 124). In relation to this, Bengtson (1993: 8) posits that social structures create gender-related transitions that produce social meanings attached to life events. A transition is a change in roles and statuses that represent a distinct departure from prior roles and statuses, for example, starting school, getting a new job or retirement (Hutchison 2007:14). Therefore, life course outcomes are socially constructed and are viewed through a variety of perspectives employing multidisciplinary tools to analyse and explain ageing (Bengtson & Allen 1993: 6; Tamale 2020: 17). The life-course perspective provides a flexible comprehensive framework for understanding changing lives in changing environments as this has an effect on how people age.

Hence, the inevitable need to look at variables that affect old age such as health, wealth, education, social relationships and social policies (Bronfenbrenner 1994: 38, Kin-Kit Li et al 2009: 337, Dannerfer & Settersten Jr. 2010: 4; Tamale 2020: 41). The approach looks at the social spaces specifically the ways in which those trajectories or pathways are structured by social settings as life course is a structural feature of society (Mayer 2009; Kohli 2007; Kin-kit Li, Cardinal & Settersten 2009: 336). According to Dannefer & Settersten Jr. (2010: 4) the life-course perspective seeks to make visible the significance of macro social forces, including the social. It attempts to bridge the macro-and micro-levels of social-structural analyses by incorporating the effects of history and social structure in the aging phenomena.

LCP in this study should be understood under the following themes: interplay of human lives and historical time, the timing of lives, linked or interdependent lives and human agency (Elder 1994: 5; George 2003: 672).

2.8.1 Interplay of human lives and historical time

The life course is strongly influenced by an individual's lifelong interactions and experiences in their natural environments (Elder 1994: 5; Bengtson & Allen 1993: 20; Tamale 2020: 24). This is determined by the historical time and geographical location in which the individual has lived (Bengtson & Allen 1993: 7; George 2003: 672; Mayer 2009: 8). Hence, individuals

born in different years face different historical worlds (Runyan 1984: 572). By examining lives over long periods of time, we increase our understanding of the potential interaction of social change with individual development (Harcourt 2014: 2). For instance, the cohort under study, as already discussed, was born during the colonial period where blacks were segregated from whites in the education system, land tenure systems and at the work place resulting in the failure of women to be employable in the formal sector. This was redressed after independence by the introduction of policies such as the education for all and the 1987 Education Act that acknowledged the role of education and that it was to be provided to both girls and boys (Samkange 2015: 1174). This produced group effects which occur when social change affects one group differently from other groups living at the same time in the same place (Runyan 1984: 572).

Another important concept in the life course perspective is a turning point defined as a life event that produces a lasting shift in the life course trajectory (Elder 1994: 5). The hyperinflation that started in 1998 and the political instability in Zimbabwe since 2000 caused transitions and turning points in some people's lives (Munangagwa 2009: 114). It is against this backdrop that elderly women's lives in Chivi District reflected similar life patterns meaning that historical effects are uniform in the same geographical area across the same cohort. However, there are individual differences in the way people are affected by generational events or experiences as these vary from one social class to another (Bengtson & Allen1993: 13; Elder 1994: 5).

Furthermore, culturally in Zimbabwe women were also regarded as subordinates to men hence their exclusion from land acquisition and property rights (Goredema 2000: 39; Chabaya & Gudhlanga 2013: 124; Njaya 2013: 3). This impacted badly on their socio-economic status at old age indicating that historical time has effects on later life (Elder 1994: 6; George 2003: 166). Elder (1994: 6) and George (2003) conceptualise this situation by pointing out that for example, serving in the military during World War II impacted differently on the subsequent socio-economic achievements of people depending on the age at which one entered the military. Therefore, gerontologists use LCP to understand how old age is shaped by historical events and interactions experienced throughout life (Alwin 2014: 5). Gerontologists ascertain

that chronological age does not cause any change in and of itself; but events cause change (Bengtson & Allen 1993: 480), hence, the interplay between human lives and historical time.

2.8.2 The timing of lives

Social timing of lives refers to the incidence, duration and sequence of roles and events in the individual life course (Elder 1994: 6; Moen et al. 1992: 1614; George 2003: 672). Timing is a key determinant of how events shape life course outcomes (Dannefer & Settersten Jr. 2010: 8; Tamale 2020: 1). The principle of timing focuses on the idea that the life course of individuals is shaped by historical times and places they experience (Harcourt 2014: 2). For this, individual life course is contextual. For instance, elderly women in Chivi District have become breadwinners mostly due to the HIV and AIDS pandemic that had become prevalent in Zimbabwe in the late 1980s. The pandemic wiped out many economically active people [their adult children and relatives] leaving them to care for orphans and grandchildren. In this case the transitions caused by the pandemic changed the social roles of the elderly women in Chivi District affecting their life trajectories negatively as care giving affected elderly women's health through increased demands on their meagre resources (HAI 2005: 3; Devereux & Cipryk 2009: 9; Cooke & Gazso 2009: 351).

In a similar vein, Harcourt (2014: 6) gives examples such as a child experiencing the divorce of parents and transitioning from a two-parent to a single-parent household or a child-headed household in the case of deceased parents. Consequently, resources are reduced, and roles and responsibilities are changed affecting the life trajectories of individuals. By using the principle of timing of lives in the study of elderly women in Chivi District, I understood better their plight as elderly women. Moen et al (1992: 1614) also argued that there is a connection between different phases of life in early life and health conditions in later life. Thus, the life course principle also places the spotlight on the contributing transitions connected to the health of elderly women in the study areas. The argument being that life transitions, events and behavioural patterns vary according to their timing in a person's life (Elder 1994: 6; Harcourt 2014: 2) hence aging processes of individuals differ.

2.8.3 Linked or interdependent lives

A life course perspective is embedded in cultural values, economic conditions, socio-political and welfare structures [macro-level]. In addition, human lives are entrenched in social relationships with kin and friends across their life span (Elder 1994: 6). According to Elder (1994: 6), social relationships provide social support that is much needed in later life. The relationships are more critical when individuals age and when disturbed, they may cause the suffering of the elderly persons due to their inability to perform some instrumental duties such as washing dishes, doing laundry or cooking.

The elderly women are bound by traditions and customs in their belief systems that had affected their socio-economic status. In addition, their living standards are grossly affected by the economic conditions and socio-political environment. This shows the importance of family linkages and social networks embedded in social relationships with kin and friends across the life course (Elder 1994: 6; Harcourt 2014: 2). This brings in the importance of interdependent relationships and family support systems as they are critical in later life. However, social transitions such as economic developments and political instability in the country have adverse effects on family support systems. This is because the more active members are struggling to fend for themselves and their immediate dependents [usually children] as a result of unemployment that has become a social problem in Zimbabwe for instance.

In the same line of thought, human lives are typically embedded in social relationships in various social institutions [meso level] across the life course (Elder 1994: 6; Cooke & Gazso 2009: 354; Wingens et al 2011: 12).

2.8.4 Human agency

The underlying assumption of the concept of human agency is that people are resourceful and are capable of making choices among options that then contribute to a particular construction of their life course (Elder 1994: 6; Wingens et al 2011: 10; Harcourt 2014: 2). In other words, humans from an interactionist perspective are active members who interact and respond to

changing environments to produce individual behavioural outcomes (Elder 1994: 6; Wingens et al 2011: 10). However, 'choice' is relative as it downplays the importance of location, age, gender and race in the social structures (Cooke & Gazso 2009: 353). For instance, elderly women in Chivi District have limited choices that construct their life course due to interrelated events in various domains. This is because choices are provided by aspects such a person's socio-economic position, education and the network a person is part of (Wingens et al 2011: 10). From this view it was found that the interplay between timing of certain events and individual historical events shape an individual life course as evidenced by the variations of life outcomes among the participants of the same cohort in the study areas. This is the result of individual differences in the way people respond to the constraints and opportunities during their life trajectories.

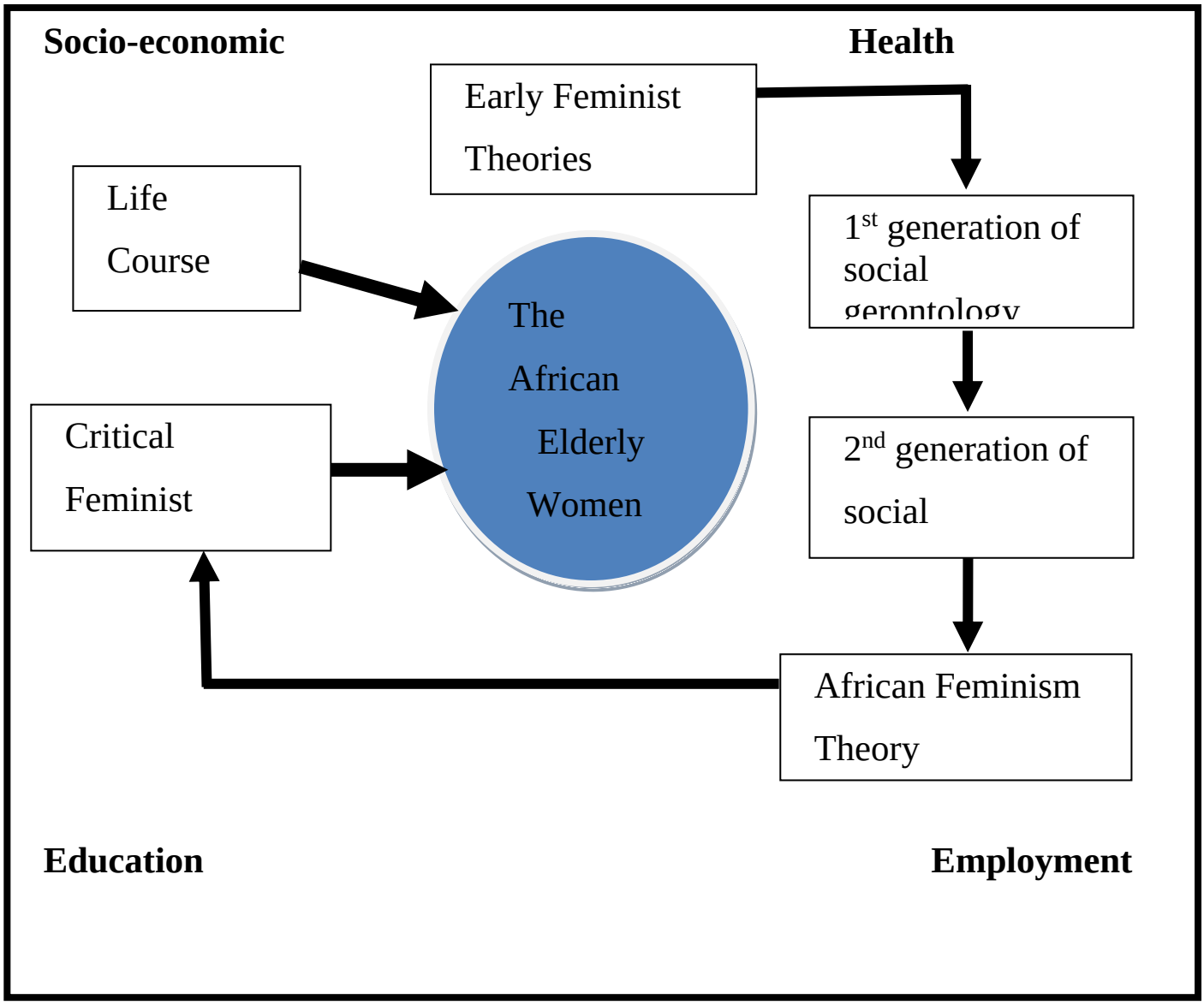
2.8.5 Criticisms of the life course perspective

Through the four principles, the life course perspective seeks to make visible the significance of macro- and micro-social forces including the social institutions and cultural practices that organise everyday life routines and unique historical events and periods of social change (Dannefer & Settersten 2010: 4). Dannefer & Settersten supported their views using the Oakland and Berkely's samples that provide lenses from which ageing can be perceived. Even though the perspective can be applied in my study, the theory lacks conceptual organisation (Mayer 2009: 12). Mayer argues that the life-course perspective is a manifold of mechanisms operating on the individual so that a unified theory is not possible. He further elaborates that life course perspective needs to answer satisfactorily the question of what kind of mechanisms operate to relate early conditions in life to later outcomes. Another weakness of the life course perspective is that institutionalised life-course is a gendered life course, that is, it ignores gender and sex as variables in life trajectories (Moen et al 1996: 208). Therefore, LCP in this study is used to complement CFG as the welfare of elderly women cannot be fully understood without analysing their life trajectories and the effects of their gender.

The theoretical approaches enunciated made it obvious that the interplay between gender and social class needed to be reconceptualised and rethought (Cox 1988; McMullin 2000: 523) as all the identities influenced the aging process.

2.9 A conceptual Framework

Figure 1: Conceptual framework of relevant theories



The conceptual framework abaove illustrates the development of CFG as discussed in detail above. Theories from the early feminist theories feed into CFG making it a robust theory to inform the study of ederly women in communal areas in Chivi District. The conceptual framework also indicates a matrix of the experiences of women, with regard to socio-economic status, health, education and employment. These are pillars of life in modern

society and they are interconnected and cumulative and have everlasting effects on the lives of women in late life.

The framework also shows that the feminist theories are interrelated as they have progressively developed and influenced each other over time. Although the major focus of all the feminist theories is to fight sexism, a social construct that is inherent in most patriarchal societies, they differ in their approaches. For instance, the early feminist theories were more concerned with creating awareness about gender inequalities that were inherent in all societies by highlighting the oppressions of women by men. Liberal feminists linked the inequality between females and males in society to the lack of laws and legislature that are gender sensitive. Radical feminists linked the oppression of women to patriarchy, and wanted to remove men in the equation of their existence while socialist feminists saw the link between patriarchy and capitalism as the two variables promoting the gender division of labour in society which they argued was the root cause of all forms of inequalities between men and women (Tong 2000: 15; Watkins 2006: 6; Lay & Daley 2015: 57).

From the early feminist perspectives that looked at women as a homogeneous group emerged the social gerontology perspective that separated elderly women from other women and viewed their oppression as multi-dimensional and added the age factor that was omitted by earlier feminist theories. For instance, social gerontology argues that the youth and middle-aged women are potential supporters and oppressors of the elderly women (Durant & Christian 2006: 3). They can be regarded as supporters as they provide activities of daily living and the instrumental activities of daily living (to be discussed below) but this also gives them power over elderly women as they are in control of their lives in varying degrees.

It should also be noted at the outset that African feminists challenged the early feminists' approaches that failed to acknowledge the unique challenges black African women face as their oppression had other dimensions. For example, they argued that black African women were oppressed by both white men and women and other multiple phenomena, such as patriarchy and sexism, influenced them in specific ways (Single-Rushton & Lindstrom 2013: 4; Smith-Taylor 2015: 30; Jibrin & Salem 2015: 7; Perry 2018: 142). There was thus a

progression within broad feminist theory where a web of interconnected factors was identified. CFG embraces insights from various feminist theories to come up with a framework that focuses on the lives of elderly women through the deconstruction of gender stereotypes, simultaneously putting challenges faced by elderly women in the limelight. This enhances an emancipatory consciousness to all individuals, inclusive of the elderly (Formosa 2005: 399; Mertens 2007: 212).

The life course perspective on the other hand, allows individuals to explore the interactions among trajectories, transitions and histories of individuals on human development from birth to death. Through highlighting structural features of society, it uncovers interrelationships between individuals' lives and broader societal aspects, such as various types of social policy (Cooke & Whirter 2015: S16). Hence, LCP acknowledges diversity and heterogeneity just like CFG. Therefore, the later life outcomes of the welfare of elderly women cannot be comprehensively understood if only selected feminist theories are employed as there is a real danger that different vectors that converge and influence their life trajectories may be overlooked

The blending of CFG and LCF bring out unique individual experiences. For example, the low educational credentials the research participants possessed can be attributed to the racial segregatory education policies and gender biases during the colonial era and gender stereotypes that denied them access to educational opportunities (Mitchel & Bruns 2011: 115; Zhou & Zvoushe 2012: 214; Chabaya & Gudhlanga 2013: 125). This therefore, contributed to their exclusion from positions of power and as a result, women were denied opportunities in the social structure.

Consequently, women are placed in subordinate positions within gender relations (Cook 2001: 15; Chibaya & Gudhlanga 2013: 124). This is evidenced by their poor economic status. The subordination of women was exacerbated by colonial governments in Africa especially in Zimbabwe where customary law was introduced in which women had little power (Goebel 2005: 154; Chibaya and Gudhlanga 2013: 124). The customary law removed fluid and

flexible traditional practices and introduced hard and fast rules that diminished the prerogative and rights which black African women formerly enjoyed (Njaya 2013: 3).

Based on the above background it can be said that discrimination and subordination of black African women is multifaceted when different types of oppressions are found on the matrix (Fact & issues 2004). Critical feminist gerontology develops a more comprehensive and complete interpretation of elderly women's lives through diverse lenses that illuminate the understanding of the histories and contexts behind the elderly women's life trajectories (Bengtson et al 2009: 20) that resulted in their oppression and marginalisation.

The discussion above shows the nexus between CFG and LCP. There are linkages between CFG and LCP where LCP enhances the clarity of the oppression and marginalisation of women due to time events and life trajectories of the elderly women. On the other hand, African feminism provides a lense that informs the study to understand the oppression and injustices perpetuated by men in African societies particularly in Zimbabwe because of stereotyped hegemonic masculinity and partriarchy (Oyewumi 2004: 2). The application of these theories in this study would create self consciousness among people and thereby remove certain notions that are internalised and reconstruct the traditional barriers between men and women, feminity and masculinity (Tamale 2020: 24).

2.10 Conclusion

This chapter outlined the nexus between LCP and CFG perspectives in examining the welfare of elderly women in Chivi District. It was discussed that the two theoretical perspectives interact and complement each other as they both seek to contextualise the lives of the elderly women to gain in-depth understanding of their welfare. This may be achieved by embracing diversity and this is the thrust of CFG. Hence it was argued that to understand the aging phenomenon, one has to view it from different perspectives such as the structural/ functionalist perspectives, feminism, critical gerontology and feminist gerontology. The life course perspective complemented CFG by giving insight into the development of aging that is linked to life events of the elderly persons. To conceptualise the process of aging, it is critical

to explore the transitions and trajectories that are entrenched in the life course of the elderly which is the focus of LCP.

Chapter 3

Literature Review

3.1 Introduction

Extensive studies on gerontology have been carried out globally resulting in a large body of literature on the subject, but in Zimbabwe, and many other parts of Aftica, studies on gerontology are lagging behind. This chapter reviews relevant literature on the welfare of the elderly. Sections in this chapter review literature on the development of social welfare policies in Zimbabwe, the implementation of social welfare policies targeting elderly women, the empowerment of elderly women through social welfare programmes and finally the perceptions of people, including the elderly themselves, on the welfare of elderly women. This information is thus also of importance to understand the historical context of the research participants' lives as explained in the life course perspective in the previous chapter.

3.2 Welfare policies in Zimbabwe and their impact on elderly women

Norton, Conway & Foster (2001: 16) argue that the development of public policy in developing countries is intended to cushion the poorest from poverty. Hence, governments have the mandate to develop and implement public policies that are legally binding through Acts and other legislation and are supposed to be universal in application to its citizens (Zhou & Zvoushe 2012: 212). These social services are distributed by the state as it has the power to allocate and distribute resources for the ultimate survival of the economic system of a country (Mukova 2009: 22; Vargas-Hernandez, Noruzi & Ali 2011: 287; Zhou & Zvoushe 2012: 212, Masuka 2014: 31).

Social policies are part of public policy and these have a correlation with social welfare services such as health and education. The policies are regarded as a social security measure to support the vulnerable and to distribute resources more equally among different social groups (McMullin 2000: 4; Castillo, Asante, Dwumah, Barnie & Bacerra 2013: 481).

Zimbabwe attempts to take care of the elderly largely through social welfare policies, most notably the Older Persons Act Chapter (17:11).

Different studies in Zimbabwe underline that social policy mirrored the political ideology of the government of the day (Kaseke, Gumbo, Dhemba & Kasere 1998: 21-27; Kaseke 2003: 36; Mazingi & Kamidza 2011: 322; Gudhlanga & Bhukuvhani 2012: 4534). The ideological and political factor was especially pronounced in Zimbabwe during the colonial era where racial segregation informed social policy (Kaseke 1998: 5; Dhemba, Gumbo & Nyamusara 2002: 112; Zhou & Zvoushe 2012: 215; Gudhlanga & Bhukuvhani 2012: 4534). During the colonial era, social welfare policies followed the residual model and services were limited and urban based (Kaseke 1998: 26). This was because social policy was hinged on economic motives. According to Zhou & Zvoushe (2012: 213) and Masuka (2014: 32), the social policies during that time failed to advance human rights as social needs were enshrined in market participation, not in citizenship. This situation is still observable in post-colonial Zimbabwe where public policy is not implemented to address the basic needs of the citizens such as food and shelter as the reality of environmental and economic challenges such as droughts, cyclone IDAI made it impossible to roll out comprehensive social assistance programmes (Rekopantswe 2018). Consequently, this has a strong bearing on individuals' vulnerable economic positions in society (Farmosa 2005: 406; Freixas et al 2012 48).

For instance, in Zimbabwe Kaseke (2002: 34) observes that the accessibility to services is both politically and ideologically based. This is because governments fund programmes that have political mileage, ignoring policies to do with the elderly. Policies such as the Indigenous and Empowerment Policy and the Zimbabwe Agenda for Sustainable and Socio-Economic Transformation "ZimAsset" are more prominent and programmes to promote these policies are better funded at the expense of social welfare policies that do not advance the interests of politicians. For instance, a programme such as the Science and Technology, Engineering and Mathematics [STEM] was more funded than other education services such as Basic Education Assistant Module [BEAM], which is a social welfare programme. The governments tend to invest in expenditure targeting the youth as this cohort is more vocal and they have the potential to create social and political unrest (McMullin 2000: 4; Berg,

Erlington & Savemen 2001: 9; Kidd et al 2011:149; Crampton 2013: 104; Eboyehi 2015: 340).

Furthermore, limited funding has resulted in means test programmes where eligibility is measured by those in authority. This has proved to be subject to corruption (Kaseke et al 1998: 28). Kaseke (2003: 7) contends that in Zimbabwe, for individuals to get help, whether at clinics or departments of social welfare, councillors have to vet and recommend those individuals for assistance. Kaseke also observed that this is problematic in a polarised environment in Zimbabwe where nepotism may easily trample on the needs of elderly women. This has led to serious questions about credibility and transparency as those in need are deprived. This is in contradiction with legislation such as the Older Persons' Act of 2012 [Part 3 clause 9] and the Constitution of Zimbabwe, [Clause 30] which stipulate that social security and social care should be directed towards those in need.

Not enough research is conducted on the needs of older people in Africa and Zimbabwe is no exception (Fouad 2005: 1; Rashamala 2007: 4; Kimani 2014). The lack of systematic and dependable data about the older population poses major problems in implementing social welfare policies especially in Zimbabwe (Dhemba & Dhemba 2015; Index Mundi Zimbabwe Age Structure 2014). Dhemba & Dhemba (2015) insist that as long as there are no accurate demographic statistics on the number of elderly persons in Zimbabwe, the social welfare policies continue to face challenges at the implementation stage.

The exclusion of elderly women is a bone of contention considering the fact that they are numerically predominant in old age (HelpAge International 2005: 3; Crooks 2009: 3; Index Mundi Zimbabwe Age Structure 2014; Powell & Khan 2014: 147). The aforementioned authors argue that by not targeting the elderly women, state policies are disregarding research findings revealing that women are the poorest. This is echoed by Sehmi (2009) and Dhemba (2013: 9) who observe that women are widowed and left languishing in poverty in their rural homes as the young generation seeks employment in urban areas. Therefore, gerontology studies point to the fact that the aging population needs state policies that are reliable, such as social assistance that would cushion them from poverty and vulnerability. The concern by

gerontologists is linked to Dhemba & Dhemba's (2015) call for states to desist from ageist attitudes that perpetuate the underdevelopment of policy and practice for elderly persons.

Masuka (2014: 31) points out that in most cases social welfare programmes and interventions that target the elderly bunch men and women together, disregarding gender and other life trajectories of women.

3.3 Social protection/social security and the elderly in Zimbabwe

Social protection and social security measures if well implemented improve the welfare of individuals (Ruparanganda, Ruparangada & Mupfanochiya 2017: 214). The two terms are used intechangebly and they refer to the protection society provides for its members through a series of public measures so as to deliver assistance to the poorest by eliminating economic and social vulnerabilities to poverty and deprivation (ILO 1997: 2-3; Norton, Conway and Foster 2001: 10; UN 2012; Khanal 2013: 3; Browne 2015: 1; UN System Task Team 2015; Ruparanganda, et al 2017: 214; Rekopantswe 2018). Urban rural remittances are often not enough to meet the needs of the elderly people leaving elderly people at risk and vulnerable, especially women (Kaseke 2003; Mapoma & Masaiti 2012: 113; Dhemba 2013; Dhemba & Dhemba 2015 Taruvinga & Simbarashe 2015). Vulnerability constitutes risks that come with the aging process (HAI 2005: 5; Crooks 2009: 12; Chikova 2013: 24; HAI 2013: 26). These risks are diverse such as food insecurity, economic constraints, political orientation and the manifestation of chronic diseases.

Therefore, social protection policies should be meant to address the causes of poverty and protect vulnerable groups from livelihood risks particularly among elderly women (HAI 2005: 4; Fouad 2005: 1; Ogwumike & Aboderin 2005: 7; Devereux & Cipryk 2009: 1; ILO 2012; UNFPA 2012; Mtetwa & Muchacha 2013: 19; Dhemba 2013; Dhemba & Dhemba 2015; Porter & Sathianathan 2015: 10). They also encourage governments to advocate and necessitate the awareness and empowerment of the elderly through economic activities, capacity building and sustainable development programmes. This is the thrust of CFG as it strives to extend advocacy to the empowerment of elderly women through engaging them in transformative activities that will emancipate them from poverty.

However, social protection for the elderly persons in developing countries is not yet a priority issue, especially in Zimbabwe where social services are means-tested (Nhongo 2004; Dhemba 2013: 2; Dhemba & Dhemba 2015; Zimbabwe Public Expenditure Review 2016: 6).

3.3.1 Social assistance/public assistance

Social assistance is a social security measure that is non-contributory and is funded from general taxation (Chikova 2009: 27; Dhemba & Dhemba 2013; Mtetwa & Muchacha 2013: 18; South Africa's Voluntary National Review Report 2019: 34). The scheme provides financial benefits to persons of small earnings granted as a right in amounts sufficient to meet a minimum standard of need (Dhemba & Dhemba 2013; South Africa's Voluntary National Review Report 2019: 34). However, the standard of need cannot be realised if the UN's poverty line of US$1.90 a day (United Nations Department of Economic and Social Affairs-Statistics Division 2020) is adopted especially in Zimbabwe where prices are soaring and people are facing the eminent environmrntal disasters such as devastating droughts and cyclone IDAI (Rekopantswe 2018). According to HAI (2006) and Dhemba (2013: 15), South Africa has already realised that the UN poverty line is far behind the standard of living in its country. In response to that, South Africa introduced various social assistance programmes such as health care, housing, public works and subsidies for basic foods, housing and transport (South Africa's Voluntary National Review Report 2019: 34). According to the report, the social assistance schemes in South Africa managed to alleviate poverty for beneficiaries that include the elderly. Schalz et al (2011: 6) pointed out that money provided through social systems reduces stress, improves health conditions and the well-being of adults.

But it is a different scenario in Zimbabwe that has suffered the meltdown of the economy resulting in soaring inflation rate that stood at 3.46 % in 2017 and increased to 3.52 % in January 2018 (Odero 2018) and the annual inflation reaching 230% in July 2019 (World Bank Statistics Portal 2019). Social assistance is a critical component of the right to social security especially for elderly women. This is enshrined in Universal Declaration of Human Rights

(1948) and the International Covenant on Economic and Social Rights (1966). This is also enshrined in the MIPPA (2002) and the 2002 African Union Policy Framework and Plan of Action on Ageing (HelpAge International 2006: 3). However, in Zimbabwe since the introduction of multi-currency in 2009, tax remittances have been very slim to such an extent that social pensions are means-tested. This was compounded by the scraping of tax from civil-servants one of the major tax contributor until recently when it was reintroduced. Moreover, the limited social assistance in Zimbabwe was also a result of the political, economic and moral conditions of the country. The social assistance is pegged at RTGS$20 [now equivalent to US$1.30] a month which is below the United Nations poverty line of US$1.90 per day (Dhemba & Dhemba 2015; United Nations Department of Economic and Social Affairs-Statistics Division 2020). Moreover, social assistance recipients, inclusive of the elderly women, got allowances only for one month for the period January to October 2012 indicating the erratic disbursement of the assistance (Dhemba 2013: 11; Dhemba & Dhemba 2015). This defeats Section 30 of its constitution which states that "The state must take all practical measures, within the limits of the resources available to it, to provide social security and social care to those who are in need."

In line with the above, Mtetwa & Muchacha (2013) observed that social protection programmes in Zimbabwe to combat risks from poverty although hailed in the region face many challenges such as dwindling financial resources, lack of political will, limited scope, technical discrepancies and increase in social needs. Consequently, the programmes are failing to serve their mandate. This impact negatively on elderly women who are more vulnerable as the government fails to draft comprehensive policies in line with their needs. In most cases elderly women are invisible in welfare policies, interventions and programmes that focus on vulnerable people. This is despite the fact that elderly women care for orphans and vulnerable children without the basic necessary resources due to cumulative lifetime forces such as lower earnings due to age discrimination, absence from the labour market and child birth (HAI 2005; Aboderin 2005: 5; Nabalamba & Chikoko 2011: 2; Schatz, Gomez-Olive, Ralston, Menken & Tollman 2011: 4). HAI (2015: 11) has shown concern on the recognition of older people's career-roles and their specific needs and those of children in their care. Poverty has forced elderly women to sell their assets in order to buy food and pay school fees

for orphans (Gathigah & Moyo 2016). A study in Zambia by Mapoma and Maisiti (2012: 112) unearthed that the burden of caring for orphans shouldered by elderly women push them into prostitution for money, making them suitable beneficiaries of social assistance. Additionally, it is also revealed that households headed by the elderly are among the poorest (Kimuna 2005: 149; HAI 2005; Nabalamba & Chikoko 2011: 11).

3.3.2 Social insurance and the elderly in Zimbabwe

Social insurance is a financial scheme funded through the contributions of individuals and/or employers or through taxes (Kaseke 2003: 12; National Social Protection Policy Framework 2016: 2; UN Report 2018: 6). The public support allows for a more equitable distribution of benefits, particularly for individuals with low incomes and short or interrupted work careers. However, in Zimbabwe many elderly women are not beneficiaries of social insurance as they were not formerly employed when younger living in colonial Zimbabwe (Chabaya & Gudhlanga 2013: 124). This confirms that resources in later life are influenced by earlier location within the social structure or people's class positions (Bengston et al 1997: 17; McMullin 2000: 521; Kinsel 2008: 24; Mitchell & Bruns 2011: 115) as also revelead by a life course perspective. McMullin (2000: 521) argues that pensions perpetuate class, gender and ethnicity-based inequalities in old age by graduating pension income according to pre-retirement income. In rural areas, formal education and employment were not a priority and consequently elderly women were not eligible for social insurance.

Elderly women are victims of the social structure that trivialised their existence. This is echoed in Dhemba et al's (2002: 114) view that women were not entitled to financial schemes such as Pensions and Other Benefits Scheme, Accident Prevention and Workers Compensation Scheme and Occupational Pension Scheme in colonial Zimbabwe. Furthermore, at independence occupational pensions such as the Pensions and other Benefits Scheme have remained largely exclusionary (Kaseke 1988: 12; Kaseke 2003: 4; Dhemba 2013: 5). By adopting such policies, the Zimbabwean government has perpetuated social inequalities among its citizens. Elderly women by virtue of being female are found in the lower echelons of society due to discriminatory policies that relegated them from formal

employment during their life course. Additionally, there was no law that made it mandatory for employers to provide occupational pensions for their employees. Moreover, some employers provide occupational pension schemes only for certain categories of their employees (Kaseke 2003: 4; Dhemba 2013: 5). This affected most women who occupied shop floor jobs owing to their low educational credentials. In Zimbabwe social insurance has perpetuated inequality between social classes as the domestic workers and the informal sector are not included in social insurance pensions and programmes (Kaseke 2003: 12; Ogwumike & Aboderin 2005: 7; Dhemba 2013: 7). All the schemes excluded those in the informal sector meaning that at old age most of the elderly women in this sector become destitute as they do not have pensions to rely on. The exclusion of women from these schemes determined their economic position in later life.

Calasnti & Zajicek (1993) suggest that pensions should consider life chances as different people have different life experiences. For instance, women concentrated more on supplementing family finances with the little they had from temporary employment instead of preparing for later life (Freixas et al 2012: 55). In Zimbabwe women were considered as minors who had to seek consent from a husband or other male relative to enter into contract of employment (Mazingi & Kamidza 2011: 327). Moreover, black women were not entitled to paid maternity leave compromising their pension contributions. During maternity leave they were supposed to reapply to be reinstated. If accepted, they would be appointed as first-time employees. All this affected their economic status as their income remained well below that of their male counterparts. Furthermore, in Zimbabwe the black women who were in formal employment earned half of what their male counterparts earned affecting their contributions to pensions (Mazingi & Kamidza 2011: 327).

For social insurance to be effective, it should include the informal sector (Chirau & Chamuka 2013: 15). The findings by Chirau & Chamuka indicate that in Zimbabwe, the informal sector accounted for over 64% of job creation compared to the 25% of the formal sector. They also highlighted that by 1996 the sector had employed 1.56 million people compared to 1.26 million in the formal sector. Subsequently by 2004, 40% of the labour force was in informal economic activities hence the informal sector became central to the livelihoods of the majority

in Zimbabwe. Yet the government of Zimbabwe denied the inevitable need for the inclusion of the informal sector in social security schemes that include social insurance. Dhemba et al (2002: 114) explain how the Philippines extended the coverage of contributory pensions to farmers and fisherman suggesting that the Zimbabwean government could do the same. According to Dhemba et al (2002), the missing link is that the government does not see the potential of human interests in transforming the socio-economic status of the country's economy through the informal sector. The informal sector has the ability to emancipate individuals, including the elderly from social inequalities as it provides income.

However, instead of promoting the informal sector to reduce unemployment, the government introduced macro-economic policies including the National Economic Development Priority Programme [April 2006] and Zimbabwe Economic Development Strategy. These policies show negative attitude towards the informal sector. Furthermore, the government introduced repressive measures such as the cleanup campaign [Murambatsvina] of 2005, Operation Restore and Operation Restore Legacy of 2017. Such clean up campaigns persisted and they are still operational and have jeopardised livelihoods in the informal sector as most informal businesses were destroyed.

3.4 Legislation governing elderly women's welfare in Zimbabwe

In response to MIPPA (2002), the Government of Zimbabwe created a social protection measure to mitigate the plight of the elderly. The creation of the Older Persons' Act was a realisation that elderly persons were marginalised in society.

Zimbabwe's policy that exclusively recognizes the elderly is enforced through the Older Persons Act Chapter (17:11). This makes it a very significant legislative instrument as human rights are embedded in the Act and it also guides the laws and programmes concerning the elderly. The Act provides for means-tested non-contributory social allowances for the elderly persons who are 65 years and above. The allowances are also availed to destitute or indigent elderly persons who are approved by the board. The process of legitimacy is so cumbersome that most elderly persons fail to go through the red tape. Therefore, this Act does not guarantee social and economic security to the elderly persons (Dhemba 2013: 9). Moreover,

the Act lacks diversity as it negates variables such as life trajectories, transitions, social location, gender, race, class and ethnic background essential in the study of aging.

Dhemba (2013: 9) contends that the implementation of the Act is at a snail-slow pace and both the policy and the Act are not known by the majority of beneficiaries who reside in rural areas. He also attributed the slow pace at the implementation stage to the Zimbabwean government's lack of political will to provide protection for the elderly people. It was expected that as a signatory to MIPPA the implementation of the Act should be fully fledged by now. Makinde (2005: 65) carried out a study in Nigeria and concluded that in developing countries most policies fail at the implementation stage because policy makers pay little attention to the subject of implementation. Makinde also noted that the lack of involvement by target groups in policy development impacts negatively on implementation.

The structure of the board that oversees the implementation of the 'Older Persons Act' clearly denotes the exclusion of the elderly, particularly women. The board is led by the Director of Social Welfare who is appointed by the Minister of Public Service, Labour and Social Welfare. Moreover, the 'Older Persons' Board comprises 15 members inclusive of the Director (Older Persons Act 2012: 4-5). Most board members are appointed by the Minister except one representative from the council of Chiefs established in terms of section 37 of the Traditional Leaders Act (Chapter 29:17) [No. 25 of 1998] and nominated by the council of chiefs, one representative each nominated by the ministers responsible for health and justice, two representatives nominated by the minister or ministers responsible for tertiary and lower education. The selection procedure is suspicious considering the number of the elderly in the country. Gathigar & Moyo (2016) in their study established that there are close to 800,000 older persons in Zimbabwe. However, the elderly persons are not mentioned as representatives on the board of the "Older Person Act". This means that the representation of the elderly is next to non-existent in the Older Persons' Act in Zimbabwe.

The Permanent Mission of the Republic of Zimbabwe- (ZNY/SOC/2) has shown that the elderly persons are not aware of their rights as they remain discriminated and marginalised. The 'Older Persons Act' is also not complemented by other Acts for the benefit of the elderly.

The Permanent Mission of the Republic of Zimbabwe—(ZNY/SOC/2) and Dhemba (2013: 9) foresee that coverage of social protection should be very wide and the Act should provide an opportunity for the elderly to be provided with social security. Furthermore, the rights of the elderly persons to health should be strengthened in the Act (Permanent Mission of the Republic of Zimbabwe—ZNY/SOC/2; Kaseke et al 1998; Dhemba 2013).

In the same school of thought McMullin (2000: 519) and Hellum, Stewart, Ali & Tsanga (2007) agree that race, class, ethnic background and sexual orientation affect people differently in their aging processes. For example, in Zimbabwe, race and social location play a significant role in aging. But the Act takes the elderly as a homogeneous group as it clusters the urban and rural elderly together ignoring the fact that their living conditions are different. In addition, not only is the position of elderly people in urban and rural areas different, but also the position of elderly women is different and unequal from that of elderly men both in rural and urban areas (Kaseke et al 1998; Apt 2000: 3; Dhemba et al 2002).

Therefore, by disregarding social location, the Act ceases to be inclusive and is not catering for diversity. Moreover, most black people, especially elderly women, live in rural areas with very few resources as alluded to earlier in the discussion. Elderly rural women need more provisions such as food as there is greater food insecurity among the elderly compared to their urban counterparts (Hampson 1990; Madzingira 1997; Kaseke et al 1998; Apt 2000: 3; Dhemba et al 2002; Fouad 2005: 1; Nyikahadzoi et al 2013; Dhemba 2013; FAO 2013). Extreme examples are sometimes reported such as a newspaper article revealing that a Chivi elderly woman once survived on exchanging termites with foodstuffs (Ndlovu 2013: Southern Eye, 6 October pp.10). Charlton & Rose (2001) attributed this to the fact that most Africans enter into old age after a lifetime of poverty and deprivation, poor access to health care and a diet that is usually inadequate in quantity and quality. Charlton & Rose (2001) also revealed that in two rural communities in Zimbabwe, 23% of participants aged 60 plus were anaemic. This is not surprising since rural women in Zimbabwe depend on subsistence agriculture but the prevailing climate changes have resulted in poor yields (Nyawo 2015: 19; Thabejane 2017).

From the above discussion, it is clear that the governments should fulfil their responsibility of taking care of their citizens. In some instances, some governments have crafted laws that encourage adult children and relatives to take care of their parents (UNFPA 2006). UNFPA found that in India there is legislation stipulating that if anyone responsible for a senior abandons him/her the person will be liable to imprisonment for up to three months, or a fine of up to 5000 rupees, or both. Similarly, in Algeria the Algerian Protection Law (2010) provides that anyone who abandons their elderly parents or exposes the elderly to any risk is subject to imprisonment for up to six months. In other countries legislation also provides for incentives for those who care for the elderly. In Thailand those who take care of their old parents are given entitlement to tax exemptions up to a specified maximum based on their income. Dhemba & Dhemba (2015) argue that it would be motivating if the Zimbabwean government and other stakeholders support caregivers of the elderly persons.

3. 5 Extended families and elderly women in Africa

Historically, elderly people had safety nets from the extended family and the community. However, relevant studies have exposed that industrialisation and modernisation eroded the extended family fabric affecting the support systems for the aging population (Apt 2000: 4; Dhemba, et al 2002: 112; Sehmi 2009; Kidd, Abbott & Czernianwski 2011: 137; Dhemba 2013: 6; Crampton 2013: 104; Aboagye, Agyemang & Tjerbo 2014: 95; Dhemba & Dhemba 2015; Powell & Khan 2014: 144; Dimkpa 2015: 222). In Africa there is still an erroneous assumption that the extended family is still vibrant and can serve as a safety net for the elderly women (HelpAge International 2013; Dhemba 2013: 10). This is one of the main reasons why African countries have passive attitudes towards the issue of ageing (Dhemba & Dhemba 2015).

Industrialisation motivated the youth to migrate from rural to urban areas leaving the elderly isolated in their rural homes as they are no longer productive in the capitalist economy. In studies conducted in Zimbabwe it was unearthed that the elderly were isolated and neglected due to modernisation (Dhemba 2013; Taruvinga & Simbarashe 2015). They concluded that the younger generation in towns often let the ties of kinship lapse especially after their

parents' death. Similarly, a study carried out in Cameroon revealed that elderly persons suffer abandonment from family and friends and they end up dying due to lack of food, medical care and loneliness (HelpAge International 2005: 2; Apt 2000:4; Mapoma & Masaiti's 2012: 112; Okoye's 2013: 7087; Powel & Khan 2014: 147). All the studies indicate that the elderly are seen as an extra burden due to the economic situation in towns and escalating unemployment. This means poor economic status of a country strains the living conditions of those who are supposed to take care of the elderly (Mapoma & Masiti 2012: 114).

In Zimbabwe the economic meltdown has weakened communities and family level arrangements for caring and supporting the elderly (Kimani 2014; Dhemba & Dhemba 2015). This is due to the capitalist economy that makes people survive on wages making it difficult to meet the demands of a modern urban and industrialised lifestyle (Kaseke 1988: 15; Gail 2000: 1; HelpAge InternationaL 2002; Mapoma & Masaiti 2012: 112; Aboagye et al 2014: 95; Dhemba & Dhemba 2015). Furthermore, some living arrangements in towns are unsuitable for the extended family set up (Powell & Khan 2014: 147; Taruvinga & Simbarashe 2015: 193). This has created individualist tendencies in society, resulting in most elderly women living alone, isolated and plunged in poverty, especially childless women (Sehmi 2009; Crampton 2013: 104).

Silverman et al (2002) explained that parents invested in their children and when they get old, they expect to be repaid by their children in the form of upkeep. This is echoed by Hampson's study of (1990) in Zimbabwe exposing that the elderly who were in formal employment could not invest in their retirement packages as they provided financial assistance to various members in their extended family. However, the investment made to the family members through education during employment period is not reciprocated. Apt (2000: 5) summarised the situation with reflections made from the elderly who felt they had been short-changed by the younger generation. By this they meant that when they were looking after their kin they were paying their dues. But their turn for pay-off was eroded through social change. This can be inferred from a Ghanian proverb that says "When your elders take care of you while you cut your teeth you must in turn take care of them while they are losing theirs" (Crampton 2013: 107). Similarly, in Zimbabwe we have a proverb that says "*Chirere mangwana*

chigokureravo." This implies that in our African society the young are expected to take care of their elderly.

However, Crampton (2013: 107) does not solely attribute the irresponsible behaviour of adult children to modernisation and industrialization. She also linked this to certain elderly people themselves in behaviour patterns earlier in life, [for instance not sending their children to school or failing to invest] resulting in their demise of being neglected by their children and relatives at a later age. In addition, the abovementioned studies by Crampton indicate that most elderly women are financially constrained as they fail to buy food, pay hospital fees and buy other amenities. The importance of understanding the life course trajectories of individual women is thus highlighted.

3.6 The effects of gendered land tenure systems on the economic status of elderly women in colonial and post-colonial Zimbabwe

In Zimbabwe the major source of livelihoods and backbone of the economy is agriculture (Mushunje 2001; Goebel 2005: 152; Zembe, Mbokochena, Mudzenggerere & Chikwiri 2014: 161). However, the land issue in colonial and post-colonial eras has always been political and gendered (Mushunje 2001; Nyawo 2015: 19; Thabajane 2017).

3.6.1 Pre-colonial and colonial land tenure system

Before the advent of colonialism, the Shona depended on land for their livelihoods (Mupfumi 2014: 13; Nyawo 2015: 19). In pre-colonial Zimbabwe women's relationship to land has been mediated through men showing their subordinate roles (Nyawo 2015: 19). The status of women was only hailed where it served to buttress male hegemony, which implies male control of environmental resources such as land (Mazarire 2003: 35). Mazarire stated that during the pre-colonial period the man who could sire many sons could have access to more land and women were taken as subordinates of men.

The subordinate role of women concerning land was perpetuated in colonial Zimbabwe. During colonialism the white settlers crafted legislation that was in favour of the whites, for example, the Land Apportionment Act of 1930. The Act was discriminatory with white

settlers occupying vast lands, 51% while the native people occupied 29.8% (Njaya 2013: 3; Mabiza 2015: 19). Furthermore, the white settlers occupied fertile soil in high rainfall areas. There was also subsequent legislation used to discriminate against black people such as the Land Apportionment Amendment Act of 1941; the Land Settlement Act of 1944 and Land Husbandry Act of 1951. Through these acts Africans were confined to small reserves that were later overcrowded due to increased population and evictions from the European areas after the Second World War (Njaya 2013). Consequently, there was land shortage in the reserves and agricultural production dwindled this had a negative effect on women who did not own land as they were considered as subordinates of men. In addition, the Acts gave land entitlements to married African men leaving out the women (Mushunje 2001; Njaya 2013: 3).

Therefore, in Zimbabwe women's relationship to land has always been mediated through men (Mushunje 2001; Goebel 2005: 152; Nyawo 2015: 19). Furthermore, men owned cattle and there was only one dipping card for each family or household (Njaya 2013: 3). This means that subordinate members of the family such as women had no ownership of livestock as they fell under the jurisdiction of a household head that was usually male (Thabejane 2017). The situation placed women in subordinate roles as they depended on men. Therefore, the economic status of women in Zimbabwe has a bearing on gender stereotypes that were perpetuated from pre-colonial and colonial hangover and gender relations that are pervasive in a patriarchal society.

3.6.2 The land tenure systems in post-colonial Zimbabwe

From the colonial political context there was a transformative turnaround of events concerning the land issue (Nyawo 2015: 19). After independence the Zimbabwe government wanted to redress the land issue by distributing land to all Zimbabweans. This was greatly appreciated by the masses of Zimbabwe who had been displaced by the white settlers (Mabiza 2013: 6). The government then put in place the Land Reform Resettlement Programmes [LRRP 1and 2] and the Fast Track Land Reform Programmes [FTLRP] in the year 2000 to resettle families and rural people were also earmarked (Zembe, Mbokochena, Mudzengerere & Chikwiri 2014: 161).

3.6.3 The relationship between the land reform programmes and elderly women in Zimbabwe

The gendered land tenure systems created during the colonial era were carried over to independent Zimbabwe. Mushunje (2001) established that after independence, another level of discrimination emerged, that of black men oppressing black women showing that on each matrix women were forever oppressed. During the colonial era they were oppressed by white men and women and also through patriarchy and this was carried over to post independence Zimbabwe. In relation to that Mushunje pointed that only 23% of the women in communal areas had secondary access to land rights. Despite the resettlement programmes of 2000, customary law prevented married women from gaining land in their own right (Goebel 2005: 152).

Furthermore, Nyawo (2015: 19) had established that the objectives of FTLRPs were exclusionary especially for women. She pointed out that fast track documents indicate that women were to receive 20% of the land, but surprisingly only 12% of women benefited from FTLRP by 2013. It was evident that there was still a colonial hangover in the distribution of land in Zimbabwe, since the political environment of the day also encouraged the inequalities that prevailed between men and women. This was strengthened by the perception of the former President of Zimbabwe, R G Mugabe, during the FTLRP who insensitively lamented that “If women want property, then they should not get married” (Goebel 2005: 145).

There is no literature that systematically analysed how the elderly fared in the programmes (Mabiza 2013: 7). This may also entail that the land reform programmes were in tandem with the underlying principles of the disengagement theory that elderly persons should relinquish power to the youth. In this case age became a salient feature that impedes the participation of the elderly in transformative social developments. Hence their poor economic status has become a permanent feature in most cases, especially in rural Zimbabwe.

3.7 The impact of educational policies on the welfare of elderly women

The poor economic status of the research participants was heavily affected by the racial segregation in the education system. Hence, the participants of this study's later life outcomes were influenced by historical events in which they survived (George 2003: 672; Mayer 2009: 8). For instance, during that time in Zimbabwe women and girls were not encouraged to go to school as evidenced by the Native Education Commission of 1952 that revealed a trend of stagnation in African education (Kaseke 1988: 5; Hungwe 1994: 11; Zvobgo 1994; Dhemba et al 1998: 9). Furthermore, the subsequent education policies such as the Native Education Department and the Education Act of 1979 in colonial Zimbabwe ensured that blacks received inferior education (Zvobgo 1994; Shizha & Kariwo 2012; Chibaya & Gudhlanga 2013). This implied that girls had slim opportunities to receive even the inferior education due to African cultures and customs that were intimately linked with practices in pre-colonial and colonial Zimbabwe.

The failure by most women to access education during the colonial period could be witnessed by their literacy rates (Mazingi & Kamidza 2011: 327; Chisaka 2013). The preceding authorities highlighted that the literacy rate among girls and women was reflected in school enrolments in 1980. Table 2 above (in Chapter 2) may also illustrate the literacy rate of those who lived during that time such as the research participants. Although gender-segregated data could not be found, it was observed that males outnumbered females in primary and secondary schools. This is echoed in Taruvinga and Simbarashe's (2015) study conducted in Masvingo Province that revealed the low level of literacy among those aged 60 years and above. In Taruvinga & Simbarashe's study all of the ten participants were lowly educated and had no history of formal employment. The situation had negative effects on their socio-economic status hence they became more vulnerable to poverty. Farmosa (2005: 405) contends that most women, because of their educational credentials and sex-segregated work that offered little opportunity for lucrative pensions, occupied low status jobs. Farmosa argues that, it is important to develop transforming activities keeping in mind the past experiences of elderly women.

3.8 The impact of health policies on elderly women

As alluded to earlier, health policies were segregatory and fragmented along racial lines, similar to other policies of the time. Additionally, the health sector was characterised by inequitable distribution of resources as this depended on the political and economic power of that time (Zhou & Zvoushe 2012: 215). For instance, health services were generally curative in line with the disease patterns among the European population at the expense of rural indigenous people. However, at independence discriminatory policies changed and a free health policy was introduced. The new policy was not segregatory. The Zimbabwe National Health Report (2012) states that after independence the government introduced integrated health services which were development oriented.

The vision of Equity in Health was widely appreciated and it was enhanced by decentralisation of health services (Kumaranayake, Lake, Mujinja, Hongoro & Mpembeni 2000:359; Zimbabwe Human Development Report 2003: 13; Zhou & Zvoushe 2012: 214; Rekopantswe 2018: 92). Also of significance was the development of the primary health care model (Kumaranayake et al 2000: 359; Zimbabwe Human Development Report 2003: 13; Zhou & Zvoushe 2012: 214; Rekopantswe 2018: 92). The model was based on the principles of acceptability, affordability and appropriateness (Kumaranayake et al 2000: 359). However, this was not the case in practice as there is almost a total absence of a health care delivery system, specifically for the health of the elderly women (Agere 1990: 33; Dhemba 2013: 8; Taruvinga & Simbarashe 2015: 198). In public hospitals in Zimbabwe, the elderly have to make do with an existing general care system which is not only inadequate for their specific needs, but is also not easily accessible to them (Fouad 2005: 1; Nyikahadzoi et al 2013; Dhemba 2013; HelpAge International 2013: 28; Dhemba & Dhemba 2015).

This is despite the fact that the World Health Survey conducted in African countries such as Mauritius, Tunisia, South Africa, Morocco, Congo and Zimbabwe exposed that elderly persons suffer from diseases that are associated with aging such as osteo-arthritis (Nabalamba & Chikoko 2011: 19). Consequently, the elderly have problems in walking long distances or standing for a long time. This implies that some elderly persons would avoid going for frequent check-ups. However, this is detrimental to their health as lack of check-ups pose a

threat to their health as check-ups are inevitable as age comes in with multiple of diseases (Joubert and Bradshaw 2005; Dhemba & Dhemba 2015). The World Health Organisation [WHO] (2020) notes that elderly people should be in constant and regular contact with health facilities for them to prevent or delay the onset of chronic diseases. Moreso, chronic diseases are prominent in women as they live longer than men (Joubert and Bradshaw 2005; Fouad 2005: 1; HAI 2013: 27; Dhemba & Dhemba 2015). Besides, the elderly have the right to health services as stipulated in Article 25 (b) of the CRPD. This means that social welfare policies should provide assistance that caters for the elderly women's health needs.

HelpAge International (2013: 28) and Taruvinga & Simbarashe (2015: 200) reported that there is a nexus between distance and utilization of health care services. South Africa, Ethiopia and Zimbabwe rural elderly were found to be affected by poor quality of health services (HAI 2013: 27; WHO 2013; Taruvinga & Simbarashe 2015: 194; WHO 2020). Taruvinga & Simbarashe's (2015) and Dhemba & Dhemba's (2015) findings disclosed that in public health facilities there is a serious shortage of medical supplies due to the unreliable supply from the government and the Ministry of Health. Besides, there is a serious shortage of health personnel and in some cases hospitals are staffed by nurse aids instead of qualified nurses.

The Zimbabwe Human Development Report (2003: 13) and Zhou & Zvoushe (2012: 215) noted that the policy of 'Equity in Health' and the goal of 'Health for All by 2000' was just a dream. Agere (1990: 32) argues that if medical health was a right, as opposed to a luxury or a non-essential commodity, financial barriers to health care should not exist. Furthermore, he observed that health care in Zimbabwe is inaccessible as it is treated as a commodity offered at a price on the market and it is purchased like food. Kumaranayake et al (2000: 360) blames private practices on the lack of regulations among government bodies and private providers. As a result, most elderly people are under threat. Agere (1990: 33) emphasises that if health is treated as a commodity it ceases to be a right as medical treatment is determined by the purchasing power of the individual. Because of this, Kumaranayake et al (2000: 360) implore the government to enforce control and put regulations to both public and private institutions.

The National Health Accounts Report (2012: 9) and Kumaranayake et al (2000: 359) observed that there has been a steady growth from the 1990s in the provision of private health services, ranging from small, industry-owned clinics to large institutions. They pointed out that the introduction of private health services was a result of government's resource constraints. This led to the relaxation of rules that allow public employees to operate in the private sector. Consequently, studies by Kumaranayake et al (2000: 359) and Dhemba & Dhemba (2015) reveal that private health providers charge exorbitant prices that are not affordable to many, especially the rural elderly. Their findings indicate that this has a negative impact on the public health delivery system as state-employed nurses and doctors started engaging in private practice.

There was also the expansion of pharmacies both in urban and rural areas. As a result, Hongoro & Kumaranayake (2000: 368) posit that most of the civil servants concentrate more on their surgeries where they get more money. They also noted that a variety of opportunistic practices have been observed among private providers in Zimbabwe. They further unearthed that the practices include self-referral, where patients are sent to other services the provider has a financial interest in. In some instances, the elderly are referred beyond borders as local hospitals and clinics have no capacity to help geriatric patients. This was substantiated by Dhemba & Dhemba (2015) when they noted that in some African countries there are no facilities for geriatric patients forcing them to seek help from other countries. For instance, it was re ported that in Lesotho geriatric patients go to Bloemfontein in South Africa or they just die in their homes.

As the shortage of health personnel prevails, many elderly persons do not receive the attention they deserve. Taruvinga and Simbarashe's (2015) findings reveal that many health workers in Zimbabwe have a discriminatory attitude towards the elderly. They pointed out that there is often a poor rapport between nurses and the elderly as the former treat the later as unworthy. Such views are not unique to African countries as it was also echoed in Berg, Erlingsson & Saveman's (2001: 9) study in Sweden revealing that the elderly are deemed low priority in the health care system as they often experience lack of respect from organised health care personnel.

In the same vein, the health policy in Zimbabwe does not prioritise the elderly in comparison to other vulnerable categories such as children (Dhemba 2013: 8). The policy stipulates that children should get first preference in accessing medical care ahead of adults, inclusive of the elderly. These policies are ageist as they seem to consider elderly persons as second-class citizens. According to Azulai (2014: 2), ageism can be seen as a systematic stereotyping of discrimination against the elderly people. The policy is also inconsiderate of the diversity of diseases elderly persons may be suffering from (Dhemba 2013; 8; Dhemba & Dhemba 2015). For instance, some chronic diseases such as arthritis, diabetes, tuberculosis, need prompt attention as they usually cause discomfort. Keeping them waiting is a practice of injustice. This is also in contradiction with clause 12(2) of the Older Persons Act (Chapter 17:11), Medical Services Act (Chapter 15:13), the Health Professional Act (Chapter 27:19) and the Private Voluntary Organisation Act (Chapter 17:05) which stipulate that no elderly persons shall be denied their rights pertaining to their health. However, these clauses do not manifest in action as health personnel do not take prompt attention when the elderly enter health facilities.

Furthermore, what is obtaining in Zimbabwe concerning the health delivery system defeats the free health policy that is advocated for. This is compounded by the fact that the social assistance of RTGS$20 given to those who are in need, inclusive of elderly women, is not enough to afford their right to good health (Kaseke 1998; Dhemba 2013; Dhemba & Dhemba 2015). Moreover, not all the elderly receive the social assistance in Zimbabwe as it is means-tested. From this background, sub-Saharan African countries, especially Zimbabwe, are urged to develop aged care facilities that respond to the health care needs of the elderly (Dhemba & Dhemba 2015). Furthermore, it is crucial for the health system to empower communities through information dissemination of health practices. In rural areas this is usually done through Village Health Workers (VHWs). However, it has been revealed that, elderly people suffer more from ailments due to health illiteracy (Taruvinga & Simbarashe 2015: 198). For example, the elderly lack knowledge of health ailments such as HIV and AIDS as they are regarded as sexually inactive (Kimuna 2005; HAI 2005; Fouad 2005: 1; Dhemba & Dhemba

2015). Consequently, the elderly in rural areas seek medical attention only when they are ill. This makes them more prone to shocks, hypertension and other ailments.

UNFPA (2006) observes that in countries such as Lesotho, 'Maseru Women Senior Citizens Association' is involved in sensitisation and awareness campaigns on the needs and rights of older persons. They are also involved in skills training of caregivers among other activities. Similarly, in South Africa, 'Grandmothers Against Poverty and Aids' educates grandmothers in three-day workshops about the disease of AIDS. They also have workshops on life skills such as food gardening, developing a will, dealing with bereavement and training in human rights (UNFPA 2006).

Another issue that contributes to a good primary health care system is the availability of VHW. However, the Assessment of Primary Health Care in Zimbabwe (2009) and Wyatt, Mupedziswa & Rayment (2010) found that less than half of households have access to a VHW in their wards. Besides, the existing VHW are no longer being supplied with basic medicines since clinics do not even have sufficient stock for their own use. This implies that health conditions for most vulnerable people, including elderly women, remain unattended. Wyatt, Mupedziswa & Rayment (2010) also cited the shortage of Environmental Health Technicians (EHT) due to the economic downturn in Zimbabwe. This has impacted badly on social work practice. Without adequate personnel the social workers would not be able to assist all the elderly women in the villages under their supervision as they are already overwhelmed with work. In support of this, the Zimbabwe Health Sector Investment Case (2010-2012) point out that one village health worker serves 100 households or a village.

Furthermore, the health of the elderly encompasses variables such as dietary provisions (Nyikahadzoi et al 2013: 46). Nyikahadzoi and associates state that the elderly often have unique dietary requirements that if not adequately met, could exacerbate existing health complications. They argue that insufficient energy and nutrients may increase disease frequency. In Zimbabwe the government introduced food support programmes such as the free food distribution and the grain loan scheme. However, the programmes need close monitoring so that elderly women are not excluded (Mate 2018).

3.9 Major social factors related to the welfare of the elderly

As stated, elderly people are not homogenous and factos such as abuse, their abilities to deal with daily tasks and access to information all play a role in their welfare.

3.9.1 Abuse of the elderly

Abuse of elderly persons is a major societal problem that often goes undetected in both developing and developed countries (Krug, Dahlberg, Mercy, Zwi & Lozano 2002: 125; United Nations Economic for Europe [UNECE] 2013). With the escalating number of the ageing population it is feared that elder abuse would also increase (NCPOP 2012: v). According to UNECE (2013: 3) elder abuse could be a single, or perennial act, or lack of applicable action, occurring at intervals in relationships wherever there is an expectation of trust that causes hurt or distress to an elderly person. Abuse can take different forms and can take place at public institutions such as hospitals. Elder abuse can be intentional or unintentional and it can be in different forms that may include physical abuse [this is action causing pain] and psychological abuse [including emotional, mental, verbal, actions inflicting mental pain, abusive language, manipulation, bullying, threats, humiliation or isolation] (United Nations 2013: 8; UNECE 2013).

The mistreatment of the elderly generally causes their health to deteriorate as a result of unnecessary suffering, injury or pain (National Centre for the Protection of Older Persons NCPOP 2012; Krug et al 2012: 126; UNECE 2013). The mistreatment incurred by the elderly is a violation of their human rights. Even more alarmingly, UNECE (2013) has estimated that 80% of abuses are under reported.

3.9.2 Activities of Daily Living and Instrumental Activities of Daily Living

Activities of daily living [ADLs] refer to basic physical activities such as feeding oneself, cooking, doing laundry and dressing. Whereas Instrumental Activities of Daily Living [IADLs] include more elaborate activities that may require interaction with a wider range of

people, such as shopping, managing money, going to places beyond walking distance (Rabe 2015: 155) and even ploughing.

However, in some cases the elderly are faced with multi-health problems that range from dementia, sight impairments, dental problems, hearing impairments, foot problems, weakened immune systems and mental disorders such as Alzheimer's (WHO 2010; World Population Ageing 2017). In such situations the elderly need constant care and help with some basic ADLs and IADL (WHO 2010: 3; Rabe 2015: 155; World Population Ageing 2017). WHO (2010) established that those who suffer from dementia are about 25-30% of people aged 85 and above. This means the health needs of the elderly persons need serious consideration as the deterioration of their health may create economic and social burdens in society. Furthermore, the prevalence is expected to rise the world over, hence social policies should take health issues of the elderly with more concern.

3.9.3 Information gap and the welfare of the elderly

For social security systems such as social assistance to work efficiently there should be a robust dissemination of information to potential beneficiaries on social assistance programmes (Kaseke 1988: 15; Dhemba 2013: 11). However, studies have confirmed that in Zimbabwe information dissemination is poor to such an extent that some beneficiaries are not aware of the assistance schemes, especially those who live in rural areas (Dhemba 2013: 11; Nyikahadzoi et al 2013: 47). This emanates from the fact that there is a critical shortage of staffing in the social welfare department (Wyatt et al 2010). The presiding authorities concur that the lack of adequate numbers of professional personnel impedes effective implementation and information dissemination.

Furthermore, information through newspapers is ineffective and this medium of communication rarely reaches rural areas (Kaseke 1988: 15). In Zambia, many people were not aware of policies and programmes or documents that discuss or deal with ageing and issues of the aged (Mapoma and Masaiti 2012: 112). Poor dissemination of information prohibited the elderly women from participating in programmes tailor made for social

assistance. From another perspective, lack of information dissemination might be an advantage to the state as it tries to minimise the number of beneficiaries and tighten eligibility conditions (Kaseke 1998: 9; Dhemba 2013: 10). Consequently, the publicity given to social assistance in rural areas may be intentionally minimal. This is exacerbated by the number of social workers as alluded to earlier due to the job freeze in all sectors in Zimbabwe.

3.10 The impact of intervention programmes on the welfare of the elderly

Interventions and welfare programmes are meant to alleviate the plight of vulnerable people such as the elderly. The following section discusses the various intervention programmes as obtained from available literature.

3.10.1 Grain loan/food for work programme

The World Food Programme [WFP] of (2016) contends that Zimbabwe is a low income, food deficit country ranked at 156 out of 187 on the 24 UNDP Human Development Index. It is noted that 30% of the rural poor are food poor or extremely poor as poverty has increased from 63% in 2003 to 76% in 2014. This has been exacerbated by the recurrent droughts in the country which fuel food insecurity especially in Chivi District where food insecurity is pervasive year in year out. The effects of food insecurity are poor diets and poor health (WFP 2016).

Nutrition interventions in African countries are directed primarily toward infants and young children as well as pregnant and lactating women (Charlton & Rose 2001). Consequently, the elderly women remain malnourished as feeding frequency is insufficient (Nyikahadzoi et al 2013: 46). Obviously this is detrimental to productivity and socio-economic development. Whereas, food security enhances productivity as members of society inclusive of the elderly women may remain productive and dignified members of society (UN Task Team 2015). They might cease to be dependent on charitable support even if no longer active in the labour market.

FAO (2013) reveals that there is food insecurity in most elderly households especially in rural areas. Aboderin (2006) and Nyikahadzoi et al (2013: 47) stated that the elderly are impaired in their access to agricultural support services that are heavily politicised. The elderly also lack receptiveness to innovative farming approaches. The Food insecurity among women in rural areas is attributable to low incomes and the caring roles they shoulder (HelpAge International 2015: 11; Taruvinga and Simbabrashe 2015: 194). In relation to this, a study conducted by Taruvinga and Simbabrashe (2015: 194) in Masvingo uncovered that elderly women have more people to feed under stringent conditions.

The food for work programmes in Zimbabwe is not inclusive as they are influenced by capital labour relations on aging. This was evidenced by the speech of a former Minister of Public Service and Social Welfare in Zimbabwe who announced that the distribution of grain to the people and the feeding programmes in schools without mentioning how the elderly people would benefit (Towindo, The Sunday Mail, 3 April 2016: 2). The beneficiaries of FFWPs as pointed out by the minister work for food in developmental activities such as road repairs and infrastructure development. Kaseke (2003: 1) ascertained that in food for work programmes, people have to work first before they are given food. This is in line with Sheung-Tak Cheng, Fung, Li, Li, Woo & Chi's (2015) idea of productive work. Sheung-Tak Cheng et al posits that if the work is well structured, even the elderly can be actively involved. By involving the elderly in productive work, this means they can be in paid or unpaid work, for example, volunteer activities as well as self-care activities. Devereux & Sabates- Wheeler (2004: 1) concur that well formulated and implemented social welfare programmes and policies will be influential in attaining the broader goals such as the Sustainable Development Goals.

In other words, job creation should not focus on the youth but it should cater for the elderly as well (Mapoma and Masaiti 2012: 113). Suggesting that there should be jobs that are specifically tailored for all adults even the elderly as they also need to survive. It is obvious that their exclusion from jobs such as 'food for work programme' prolongs their dependence and oppression as they continue to rely on more active family members. Therefore, provisions for the need should disregard individual factors such as age and sex. For example, provisions for the elderly should adopt the universal model which will see all eligible members in this

case those who are aged 65 years and above getting assistance. What should be considered is that, despite their age, elderly women are often involved in caring duties. For instance, the elderly women are often household heads in most developing countries such as Zimbabwe due to the HIV and AIDS epidemic hence the government should make them eligible beneficiaries of the 'grain loan' schemes (Charlton & Rose 2000; Kimuna 2005; HAI 2005; Fouad 2005: 1; Dhemba & Dhemba 2015; Taruvinga & Simbarashe 2015). Therefore there must be a specific policy on how elderly women benefit from the grain loan scheme or else these programmes serve to perpetuate social inequalities and can worsen the plight of elderly women.

Furthermore, the pervading attitude among many people is that elderly persons have outlived their usefulness, are unproductive and over-dependent (Powell 2001: 22; Kensel 2008: 24; Sehmi 2009: 1; Fredvang & Biggs 2012: 6). Therefore, in most cases problems confronted by ageing people are a result of a social construct through social institutions and the operation of economic and political forces that are cumulative and are experienced by women throughout their life course (Baars, Dohmen, Grenier & Phillipson 2013: 1).

UNFPA (2012) established that South Africa has frameworks supporting the care of the ageing. These include intergenerational approaches and new directions for service delivery to tackle poverty and strengthen the livelihoods of the elderly. For example, there is the 'Bread for the neighbour' programme, in which children are encouraged to provide care for older people by taking bread to their elderly neighbours before school every day. Such moves may appear noble as they may remove ageist attitudes from children and in society as a whole. In addition, the above practices might restore the traditional norms and values that socialised people to respect the elderly persons (Gail 2000: 1; Sehmi 2009). However, this does not mean that all elderly persons are not able to provide for themselves and there is a danger that such action may reinforce ideas of dependency of elderly people.

3.10.2 Harmonised cash transfer programme

The Ministry of Labour and Social Services (MoLSS) introduced the Harmonised Cash Transfer Programme [HSCT] in 2011 to strengthen the buying power of fifty-five thousand

ultra-poor households who are labour constrained through cash transfer (Food and Agriculture Organization [FAO] 2013: 1). The programme aimed to enable beneficiary households to increase their consumption to a level above the food poverty line (FAO 2013; Thome, Taylor, Davis, Seidenfeld & Handa 2014). It also helps beneficiaries to avoid risky coping strategies such as child labour and early marriages.

Furthermore, FAO (2013: 9) assert that HSCT was aimed at harmonising all social protection programmes in Zimbabwe. That is, it replaced those programmes that provided regular cash payment to needy persons or households that could not access labour-based interventions. It was BEAM, AMTO and the Institutional Grants and Support to Families in Distress which caters for special emergencies that require short term assistance and programmes that provide assistance in kind.

However, eligibility of HSCT is means-tested as households should be food-poor and labour-constrained, so it does not cover all those who are vulnerable (FAO 2013: 6). Food-poor means living below the food poverty line and unable to meet most urgent basic needs. People classified as such take only one or no meal per day, and are not able to purchase essential non-food items like soap, clothing and school apparatus. The elderly women also live on begging or irregular piece work, had no valuable assets, and got no regular support from relatives, pensions and other welfare programmes (FAO 2013: 6). A household is defined as labour-constrained if it had no able-bodied household member in the age group 18-59, for productive work; or one household member in 18-59 group, who was fit for work had to care for more than three dependents; or it had two or three dependents but had a severely physically challenged or inveterately sick household member who needs intensive care.

The selection criterion for an individual to be eligible for HSCT makes it clear that elderly persons, including women, are not specifically targeted (FAO 2013: 6). Their invisibility may be attributed to the lack of their representation in the social structure (Mapoma & Masaiti 2012: 114). The authorities argue that elderly women are looked at as just another vulnerable group and hence they are attended to passively. Additionally, the invisibility of elderly women in most African countries may also be attributed to other social problems such as

unemployment and rapid population growth (Nabalamba & Chikoko 2011: 11; Dhemba 2013: 9). If they are to benefit, they will do so under the cover of being part of other categories. For example, the elderly may gain indirectly when orphans of school going age benefit through BEAM (FAO 2013: 6). Similarly, they are also incorporated when relatives and their sick children are beneficiaries of AMTO (Chikova 2013: 2).

Mertens (2005: 9) advocates for the development of social consciousness in promoting change in conditions of the elderly women. Mertens insists that for the elderly's lives to be transformed, they should be part of programme planning and implementation, not spectators or only recipients. Therefore, the deconstruction of gender and age stereotypes that discriminate against elderly women should be emphasised. Elderly women should rather be seen as experienced citizens who have ideas that can be used in development. Hence governments should support elderly people to play an active role in meeting their needs and those of their families and communities (HAI 2015: 10).

3.11 Perceptions on the welfare of elderly women

Globally, social welfare is perceived in different ways by different people. In Sweden different views have surfaced concerning social welfare of the elderly. Berg et al's (2001: 9) study revealed that the youth of today no longer socialise with the elderly. Berg and associates established that families used to stick together so taking care of their elderly relatives was a common phenomenon. This was also evidenced by the perceptions of some primary health care professionals in Sweden who acknowledged that geriatric patients have a low priority in the health care system (Berg et al's 2001: 9). These perceptions are gender neutral implying that elderly men and women are viewed in the same way. Therefore, these perceptions lack diversity and in-depth insights because men and women approach ageing differently.

In the USA, although the perceptions were not directed at the elderly people, an overview of the general perceptions on welfare services can be drawn. Generally, people in the USA highly stigmatise welfare services as welfare recipients are viewed as responsible for the situation in which they find themselves (Rank 2015: 27). They are regarded as charity seekers

in societies. These perceptions may also apply to the elderly as long as they live in the USA. Rank observed that stigma attached to welfare in the USA is the fear of individuals and the state of encouraging dependency among the recipients. Therefore, the culture of stigmatising welfare is to try and weed away welfare recipients from siphoning money from the state.

This implies that in the USA there are generally negative attitudes and perceptions towards everyone who is a recipient of welfare regardless of age and gender. In view of this Dimkpa (2015: 223) reveals that older people in the USA are depicted as weak, indecisive, bumbling or even comic in films and television. Besides, this is a global tendency as youthfulness is regarded as a positive compliment and an aspiration. Dimkpa also points out that these negative perceptions in the USA towards the elderly, especially women, make them fear the deterioration of their bodies and they end up fighting old age through cosmetic surgery, use of supplements and aggressive weight loss programmes. She also highlighted that in African countries such as Nigeria, age is fought through actions such as dyeing of the hair and the use of supplements and Zimbabwe is also practising the same as has been alluded to earlier.

In Africa, perceptions on the welfare of the elderly are usually influenced by various factors including Western perspectives about ageing. In this study, African perceptions on the ageing population, especially the elderly women, are going to be viewed from two angles, the cultural and the economic.

3.11.1 Perceptions on the welfare of elderly based on cultural factors in Africa

Traditionally, African countries acknowledge that ageing was received with respect and the elderly were considered to be mediators between this world and the ancestors (Kaseke & Dhemba 2007: 15; Apt 2000: 7; Mba 2007; Sehmi 2009: 6; Mapoma & Masaiti 2012; Pillay & Maharaj 2013: 12; Dimkpa 2015: 225; Eboiyehi 2015: 340). They were also perceived as a repository of knowledge and wisdom. Other studies establish that the elderly were regarded as possessing the ability to proffer solutions to problems within families and the communities when the need arose (Apt 2000: 7; Mapoma & Masaiti 2012; Pillay & Maharaj 2013: 12; Dimkpa 2015: 225; Eboiyehi 2015: 340). The knowledge they possessed was valued and based on the African beliefs and practices that cemented family relationships. Furthermore,

they were viewed as protectors of family inheritance. These beliefs made people care for their elderly parents and relatives as they believed that old age was an ancestral blessing. In this way the young also aspired to grow old and be looked after by the younger generations. Eboiyehi (2015: 340) established that it was believed that those who cared for their elderly were to be blessed, while those who neglected the elderly were to be cursed. These views are generally shared by most Africans as revealed by findings from studies carried out in most African countries. The findings affirm the social representation theory which establishes the sameness of views shared within a given culture (Eboiyeni 2015: 342).

However, modernisation has changed the perceptions of most African people towards the elderly. This is because the capitalist society promotes individualism. Scholars have observed that as people move away from rural to urban areas looking for jobs they tend to ignore their parents and relatives due to the pressures of modernity (Kaseke 2002; Mba 2006: 181; Sehmi 2009: 6; Dhemba 2013; Eboiyehi 2015: 346; Dimkpa 2015: 222). The introduction of formal education and Christianity are major dynamics that brought about changes in values and norms that define the way children perceive the elderly and subsequently the way they relate with their ageing parents and relatives (Mba 2006; Sehmi 2009). Consequently, the value systems brought by education and Christianity have undervalued roles and statuses of the elderly persons in their communities. Mba & Sehmi concluded that both the youth and the elderly are short-changed by the prevailing arrangements as they both need each other. The youth lose out on the wisdom and guidance they were supposed to gain through the life experiences of the elderly. The elderly are also deprived of the warmth of the family systems and the dignity they deserve.

Hampson (1990: 17) contends that in Shona culture the *muroora* (daughter-in-law) was supposed to take care and support her husband's parents and relatives. However, these days people have the perception that *muroora* is unwilling to take that responsibility. Consequently, the elderly women now require external and comprehensive formal social protection systems that would guard against their welfare, especially women who have not accrued any assets during their life course due to external forces beyond their control.

Furthermore, it has been agreed that globalisation has devalued the knowledge that is possessed by the elderly due to changed perceptions about them (Apt 2000: 5; Nelson 2007: 38; Crooks 2009: 3). Their knowledge is gradually perceived as obsolete in the modern world. This can be observed, for example, through the formal school curriculum where there is very little reference to the role of the elderly in transmitting cultural values (Hampson 1990: 10). Therefore, formal education has trivialised the knowledge possessed by the elderly as it is deemed dysfunctional in the industrialised environment (Hampson 1990; 10; Apt 2000: 5). Some scholars concur that the perceptions about the elderly persons outliving their usefulness are counterproductive and shortsighted (Apt 2000: 1; Mba 2006: 181; Sehmi 2009: 6; Mapoma & Masaiti 2012: 109; Powell & Khan 2014: 147). Scholars have attributed these perceptions to modernisation and Western cultures as development in developing nations are usually measured against Western cultures.

Furthermore, in African countries such as Tanzania, Kenya, Nigeria, Zambia and Zimbabwe, elderly women are often associated with witchcraft (Nhongo 2006: 4; Mapoma & Masaiti 2012: 115; Dimkpa's 2015: 227; Eboiyehi 2015: 343). These studies also reveal that elderly persons, especially women, are easily blamed for every calamity that happens in their communities including HIV and AIDS, traffic accidents, deaths and little rainfall. This is evidenced by a 72-year-old Ghananian woman who was set on fire and killed in 2010 accused of witchcraft (Schnoebelen 2009: 5). In Tanzania the killings of elderly women branded as witches are well documented.

A study carried out in Cameroon found that among certain groups of people old age is perceived as a sign of misfortune (HAI 2002). It was also discovered that very few people discuss or talk about ageing (Calasanti, Slevin & King 2006: 14; Mapoma & Masaiti 2012: 109; Eboiyehi 2015: 351). These perceptions resulted in most people being afraid of aging. However, in some parts of Nigeria, Zambia and Ghana the care of the elderly is viewed as important (Dimkpa 2015: 225; Castillo, Asante, Dwumah, Barnie & Becerra 2013: 481). Therefore, it can be said that some African countries have a soft spot for social welfare. In relation to this, many African countries including Zimbabwe have adopted legislation such as 'Older Persons Act' in Zimbabwe. Some of the above perceptions and attitudes point to the

fact that elderly women are stigmatised and abused. Besides stigmatisation, ageing is perceived as not interesting, it is sometimes portrayed as a time to suffer or even engage in witchcraft (Eboiyehi 2015: 351). But if governments create employment tailored for the elderly and to change the pension systems that delay disbursement of pensions to the elderly making them destitute their welfare may be improved (Mapoma & Masaiti 2012: 113).

3.11.2 Perceptions on the welfare of the elderly based on the economic factors in Africa

The dwindling economies in some African countries are dire. This is evidenced by many authorities who agree that the economic situation in many countries has caused the widespread apprehension experienced by the elderly persons (Kaseke 2003; Mapoma & Masaiti 2012: 109; Okoye 2013: 7087; Dhemba 2015; Aboiyehi 2015: 35). Their findings also reveal that the economic situations in most urban areas make the young generations unable to support their elderly. Consequently, in many African countries economic factors are seen as the worst enemy to the suffering of the elderly. In relation to this, Dimkpa's (2015) study notes that in Northern Nigeria the economic status of individuals determined the welfare of elderly women. For example, those who are economically sound are more responsive to the needs of the elderly as opposed to the poor. In this case the social classes play an important role in how elderly persons are taken care of by their relatives as social classes determine the economic status of individuals. Dimkpa (2015) also established that those with money had the capacity to provide for their elderly while those from the lower class were unable to do so due to financial constraints. Nhongo (2006: 6) and Mapoma & Masaiti (2012: 113) observe that in some African countries older women could not get loans and credit facilities in some banks. However, in Zambia some people feel that the elderly persons should be given money through cash transfers or loans so that they become self-sufficient or reliant (Mapoma and Masaiti 2012: 113). This would also lessen the pressure on the young generation in supporting their elderly.

Besides loans and credit facilities, Nhongo (2006: 7) found that across Africa older people are not given a fair chance in employment opportunities. In Nigeria, it is rare to get an employment opportunity at the age of 45 or above as a new entrant in the job market. In Zimbabwe, anyone in the civil service who is older than 60 years is forced to retire. This

deprives those who are still able to work to support themselves as chronological age is the yardstick for formal employment. In his findings Nhongo (2006: 8) established that those who engage in informal employment after retirement often struggle to thrive because they lack financial support. However, although some African countries are signatory to UDHR, they seem to ignore Article 23 that stipulates: "Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment and to just and favourable remuneration."

The marginalisation of women in employment opportunities and loan facilities are indicators of the poor socio-economic status of elderly women as they are regarded as the poorest of the poor (HAI 2013, Dhemba 2013). In addition, elderly women in Africa especially in Zimbabwe are excluded from meaningful social security provisions such as social insurance as elaborated earlier (Kaseke 2003; Dhemba 2013; Dhemba & Dhemba 2015). This is because the major determinants of the welfare of the elderly are economic based.

In Dimkpa's (2015) study it was argued that there are different views on the welfare of the elderly. Some of those interviewed argued that the elderly should be catered for no matter the socio-economic standing of those responsible. In light of Dimkpa's findings, Mapoma & Masaiti (2012: 113) in their study in Zambia unearthed that people believe the government should create jobs for the youth so that they can look after their old parents and relatives.

3.12 Conclusion

The literature reviewed in this chapter gave an overview of the welfare of the elderly particularly women. It was revealed that some elderly are vulnerable and may need care from their families, society and the government if they are to live with dignity. Of interest is that elderly women outnumber their male counterparts. In view of the escalating number of the elderly worldwide, many conferences and conventions were facilitated to map the way forward concerning the ageing phenomenon. The initiatives were drivers for the creation of policies to deal with ageing in developed and developing countries as many studies had revealed the exclusion of the elderly in development initiatives and programmes.

Consequently, policies have been crafted and are still being crafted in anticipation that the welfare of the elderly persons should be promoted.

Although policies have been crafted, some are not being implemented especially in developing countries that are faced with economic constraints and the ballooning population of the elderly. Furthermore, the health of the elderly has been put on the spotlight in all gerontological studies but not much has been done in sub-Saharan Africa. Some elderly persons are exposed to the general care delivery system and the unavailability of geriatric facilities. The breakdown of the family fabric has been linked to modernisation and capitalism that promotes individualistic tendencies but also different approaches to housing, employment, migration and other societal dynamics. As a result, many elderly people have been left languishing in poverty as their extended family members and children migrate to towns in search of employment.

Chapter 4

Research methodology

4.1 Introduction

The chapter starts with a discussion on the qualitative research approach of this study. The approach augurs well with CFG and LCP frameworks that inform this study. The discussion also includes the description of the research method, sample and sampling procedures, in-depth interviews. The data analysis and interpretations are also outlined in detail. Issues of data validity and research ethics, as observed in the study, constitute the last section of the chapter.

4.2 Methodological orientation

The views and perceptions of the participants were cross-examined from both CFG and LCP since the aging phenomena could only be understood from multiple lenses. To conceptualise the aging of black African women, the interlocking factors experienced by these women throughout their life course were contextualised within the African feminist perspective. The adoption of the qualitative approach was most suitable as it allowed a deeper conceptual analysis of the welfare of the respondents as it put an organising framework on the messiness of real life (Clarke & Braun 2013: 8). According to Kielmann, Cataldo & Seeley (2012: 10), qualitative research is holistic and naturalist as it attempts to study phenomena in a natural setting. It is essential, to discuss the philosophical assumptions that influenced the choice of methodology used in the study before discussing the paradigm.

4.3 Philosophical assumptions and choice of methodology for the study

Three major assumptions influenced the choice of methodology, ontological assumptions; epistemological assumptions and axiological assumptions (Neuman 2000: 85; Cohen, Manion

& Morrison 2011: 3). These assumptions formed the basis of this study and I give a brief explanation of each below.

4.3.1 Ontological assumptions

Ontological assumptions concern themselves with the very nature or essence of the phenomenon under investigation (Cohen et al 2011: 3) or it can be described as the nature of reality (Crotty 1998: 10; Neuman 2000: 33; Mack 2010: 5; Matthews & Rose 2010: 17; Kivunja & Kuyini 2017: 27). Additionally, the transformative ontological assumption recognises the multi-faceted nature of reality, meaning that reality is influenced by diverse factors such as the political, ideological, economic, cultural, historical events, race, class, ethnicity, education and gender power relations (Mack 2010: 9; Mertens 2012: 212; Mertens 2015: 80). This is in line with my study that interrogated the gender relations putting into cognisance the foregoing variables associated with the welfare of the elderly women in Chivi District. This gave me views and perceptions of people and the elderly women themselves on how welfare policies, interventions and programmes are geared to empower and transform lives of the elderly women in the district. This was paramount to this study as it provided me with an understanding of how the elderly were managing their lives.

The ontological assumptions gave a contextual reality on issues of exclusion of elderly women in welfare policies. Such ontological assumptions help to understand that there are diverse ways or different lenses of seeing and understanding the phenomenon of aging (Thomas 2013: 120). In this study, I used various lenses originating from the theoretical frameworks of the study to understand and explain how elderly women have been marginalised by welfare policies in the Chivi District, Zimbabwe.

4.3.2 Epistemological assumptions

Epistemology is a theory of knowing, it directs us on how to go about understanding a phenomenon or our knowledge of the world (Crotty 1998: 8; Neuman 2000: 33; Thomas 2013: 12; Kivunja & Kuyini 2017: 27). Epistemological assumptions “raise questions about, and invite us to reflect upon the issue of how the social world should be studied” (Bryman 2012: 6). From Mertens’ (2015: 82) view, knowledge is not viewed as absolute or relative, but is created within a context of power and privilege. In this study, to acquire this knowledge, it

was of importance to first establish good relations with the participants so that there was trust between the researcher and the participants. In studying the elderly women in Chivi District, I shared much of their culture and tried to understand their values and beliefs from their perspective [axiology]. Consequently, we had a good relationship. Moreover, I spent time with them in their environment, interacting with them and being part of their activities. This was achieved after spending two months in the field from March to April 2017. Creation of such relaxed and amicable environment enabled me and the participants to identify issues of social exclusion of the elderly women from social welfare policies, interventions and programmes.

Therefore, I managed to generate new knowledge among the participants who were not aware of policies to do with their welfare, particularly the 'Older Persons' Act' that was half a decade in existence in Zimbabwe. This epistemology is underpinned in the transformative approach that reinforces empowerment of individuals in an attempt to confront the injustices of a particular society (Neuman 2000: 77). I conducted face-to-face in-depth interviews with the participants, mostly in their homes, and thus gained deeper insight into their welfare in Chivi District. It is this type of epistemological assumption that influenced the choice of the qualitative approach for the study that utilises interviews and observations that are close-up and personal. The methods are to be discussed in more detail in the latter sections of this chapter.

While ontological assumptions concern themselves with the nature of the phenomenon under interrogation, epistemological assumptions are concerned with the very bases of knowledge, its nature and forms, how it can be acquired and how it can be communicated to other human beings (Neuman 2000: 76-79). Axiological assumptions are also influential in how the research is conducted as discussed next.

4.3.3 Axiological assumptions

Axiological assumptions are the values people hold (Cohen et al 2011: 3; Kivunja & Kuyini 2017: 28). Mertens (2012: 4) also states that axiological assumptions lead the researcher to ask questions such as: "What cultural guidelines for research need to be considered in this

context? How can I show respect for cultures that have been historically denigrated?" This means that in my study of the welfare of elderly women in Chivi District, I respected what they value as human beings in their society. To understand their values, I prolonged my stay in the villages. Because of this, I managed to do the research more freely as I was no longer an outsider and closer in being regarded as one of them considering the time I spent in the field. Consequently, they opened up during interviews as they did not feel threatened and recognised that their culture was not undermined, but respected (Mertens 2012: 4). This helped me elicit the knowledge they possessed on matters to do with their welfare. For instance, they complained how modernity eroded their cultural values as individualism prevailed in society compromising their relationships and interactions with children and relatives. Further relevant details of the participants will be discussed in subsequent chapters.

Neuman (2000: 79) and Cohen et al (2011: 7) note that the three assumptions cited above have direct implications on the researcher's methodological choices. Following the guiding principles of the philosophical assumptions, I employed a qualitative approach as it is the most suitable for analysing the experiences of people, especially life events, through in-depth interviews and observation. The research approach is discussed below.

4.4 The qualitative approach and relevance to the study

The study used a qualitative research approach to address the critical questions. Qualitative research is usually carried out in the natural settings within the immediate milieu of the participants, in this case the elderly women (Laws & McLeod 2006: 2; Baxter & Jack 2008: 544; Cohen et al 2011: 219). A qualitative methodology can address issues amidst the changing and dynamic nature of reality (Laws & McLeod 2006: 2). For this study of the welfare of elderly women in Chivi communal areas the qualitative research approach is going to be informed by the transformative worldview.

The transformative worldview resonates well with the research inquiry that seeks to confront social oppression of participants at all levels (Creswell & Creswell 2018: 46). Thus, the research contains an action agenda for reform that may change lives of the participants. This

links the paradigm and qualitative research design that allows interviews as research tools. For that reason, interviews were used to collect data in this study. This method helped me establish the welfare of elderly women per se as they enabled me to unearth the interlocking factors that influenced the welfare of elderly women in Chivi District including financial, social and political matters, racial categorisation, geographical location, gender, age and the historical timeline of their individual lives. This approach helped to reach a more nuanced picture in the analysis of the welfare of the participants as a diverse group of women.

Therefore, instead of using male models as a standard measure for the welfare of elderly women, my study specifically targeted elderly women who are considered as more vulnerable than their male counterparts. I developed a model [see Chapter 2] to develop a deeper understanding of the factors involved in the lives of elderly women in Chivi District with similar characteristics. The transformative approach is transformative as it is geared to transform people especially less powerful people like the elderly women (Neuman 2000: 76). According to Cresswell and Cresswell (2018: 46) the transformative worldview empowers individuals by confronting the injustices experienced throughout human development in society particularly by vulnerable groups such as the elderly women. These are transformative endeavours which will help to build emancipatory consciousness for the elderly women in Chivi District.

The qualitative approach and the transformative worldview inform the design to be selected in carrying out a research hence the case study research design was adopted in this study.

4.5 Case study research design

A research design is a type of inquiry that provides specific directions for procedures in a research study (Creswell & Creswell 2018: 48). In qualitative research, particularly in this study of the welfare of elderly women in Chivi District, the case study research design was most prefered. A case study is a design of inquiry in which a researcher develops an in-depth analysis of a case (Yin 2009; Creswell & Creswell 2018: 51). The case study enhances the crirical analysis of data collected through the in-depth interviews of the participants.

4.6 Data collection method(s) and procedure

In-depth interviews were used to collect data so as to answer the research as outlined earlier in the discussion. Through observations and in-depth interviews, I uncovered the processes that informed the welfare of elderly women in Chivi District and how these processes manifest and were perceived on the ground. Consequently, this enabled me to expose myths, reveal hidden truths and help the elderly women to change the world for themselves as they are empowered with knowledge (Neuman 2000: 76). In line with Mack (2010: 9) this study disclosed inequalities in society regarding the elderly especially women and challenged the status quo that tended to legitimise their oppression and marginalisation.

I interviewed a district administrator, a social welfare administrator, two village heads and eighteen elderly women, constituting a total of twenty-two participants. The sample enabled me to develop new insights into the research population. I made field notes based on the interviews (Cohen et al., 2011: 415) to help capture all detail whilst the conversation was still vivid in my mind. The notes enabled me to remember and to refer to what had transpired during the interviews. This is in line with McMillan & Schumacher (2010: 276) who opine that the most complete form of sociological data is when the researcher gathers and records data throughout the research process.

The interviews that were done in vernacular elicited comprehensive information on the welfare of elderly women from their lived experiences [see Addendum 6]. Besides the elderly women, I also interviewed resource persons that are: the DA [see Addendum 3]; SWA [see Addendum 4]; and two village heads [see Addendum 5]. The interviews with the DA and the SWA were conducted in English in respect to their choice of language, but the village heads preferred Shona. The resource persons were ideal as they had information rich on social welfare issues such as the economic, social, and health issues of the elderly women. Furthermore, the resource persons were better placed to understand how welfare policies, programmes and interventions were running in the district as they are the policy implementers.

During the interviews I employed semi-structured interviews that combined structured and unstructured approaches. The approach enabled me to get the required data (Gay, Mills & Airasian 2011: 386; Cohen et al 2011: 412). The unstructured element ensured flexibility, for example, when I asked research participants to describe their living conditions and their expectations from their families and the community. From the discussions I examined their feelings, interests, attitudes, concerns and values more easily than they can through observations (Gay et al 2011: 388).

4.7 Study population and sample

The study aimed at examining the welfare of elderly women in the villages named Muzvidziwa and Murevesi. The villages were purposefully selected because of their proximity to each other. Sampling is done to gather comprehensive information used to draw conclusions and for recommending specific further research (Creswell 2012: 380). As has been discussed above, each data source contributed to my understanding of the case under study and the multiple facets of the phenomena strengthened the understanding of the findin**gs.**

The study on the welfare of elderly women was conducted in Chivi District in Masvingo Province. A specific research population was difficult to identify as the demographic data of elderly women in Chivi District was difficult to comeby. Although it was difficult in this study to identify a specific research population, the study assumed that all elderly women in Muzvidziwa and Murevesi communal areas constituted the population of the study. Since it was not possible to include all elderly women in the research sites I adopted snowball sampling technique to locate participants since the village heads of Muzvidziwa and Murevesi had no statistical data of elderly women in their villages. Snowball sampling was the most appropriate as elderly women easily referred me to their age mates.

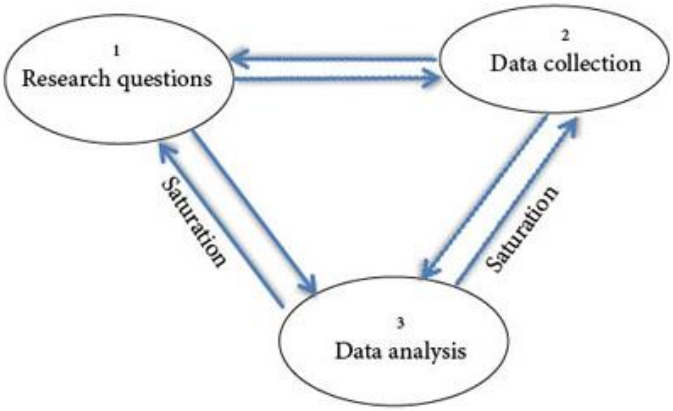
Thus, through snowball sampling I was able to identify eighteen research participants. The participants were not comfortable to be recorded by a tape recorder during interviews because of the political environment that prevailed during that time. 2017 was a campaigning year for the 2018 harmonised elections in Zimbabwe and the participants feared to be tape recorded

thinking it was something political although I had explained to them that it was for educational purposes. The participants lived in their households taking care of orphans and grandchildren except for two participants who lived alone. For the eighteen participants only two participants were not widowed.

4.7.1 Snowball sampling

I used the snowball type of sampling to identify cases of interest that were information rich. This was prompted by the fact that there was no demographic data of elderly women in Chivi District. Furthermore, village heads had no information of elderly persons in their villages. Therefore, to identify them it was easier to be referred by other elderly women who knew their age mates. Hence, I asked participants to identify others with the same characteristics as theirs to become members of the sample (Neuman 2000: 196; Creswell 2012: 146; Palinkas 2013: 1). I was able to interview eighteen elderly women 65 years old and above before I reached data saturation. The following diagram illustrates the relationship between data gathering and data analysis up to the point when data saturation is realised.

Figure 2: The relationship between data gathering, analysis and saturation



I developed the above diagram to illustrate how data is gathered until data saturation. Data saturation is when the researcher goes back and forth until no more new insights are obtained, no new themes are identified and no issues arise regarding a category of data (Bowen 2008: 140; Palinkas 2013: 1). To reach data saturation during fieldwork, I interviewed eigthteen

participants selected using the snowball type of sampling. Snowball sampling was relevant as old people in the above villages are often involved in church programmes and when collecting food from NGOs, Zunde raMambo [chief's granary, a form of social security] and other social gatherings in the district. This type of sampling enabled me to have a constant comparison of data. I did data collection and data analysis concurrently and this was done continuously until I reached data saturation. The concept of data saturation is important because it addresses whether a study is based on an adequate sample to demonstrate content validity (Bowen 2008: 140).

4.7.2 Characteristics of the population of the research sample

The age range of participants in the research study ranged from 65 years to 93 years. From the 18 participants only one participant was formerly employed and was receiving a social insuarance pension. A pension is a safety net at old age but 17 were did not receive the social insurance safety net as they were never formerly employed due to low educational levels. In terms of education only one participant reached upper primary and was employed as a nurse during the colonial regime. Nine participants reached lower primary while eight never attended school.

The seventeen who were not formerly employed were experiencing hardships as some of them were failing to put bread on their tables. This was compounded by the caring roles they adopted at old age. Sixteen out of eighteen had dependants that ranged from one to four orphans and grandchildren. Only two had no dependants and they lived alone. Some of the participants survived on selling wares from the wild or doing menial jobs. Some participants depended on handouts from NGOs and government projects such as Food for Work Programmes.

4.8 Data presentation and analysis

In qualitative research, data analysis should not only happen at the end of the research study, it must be a continuous process (Silverman 2013: 233). During the interview process I paid attention to minute detail, watched and listened carefully and then scrutinised the information gathered (Neuman 2000: 361). After conducting the twenty-two interviews that included the

four resourse persons, that is the DA, SWA and the two village heads from Muzvidziwa and Murevesi communal areas data presentation and analysis was done. Data analysis was done from the notes gathered during in-depth interviews from the research participants. When reading through the field notes, I developed concepts and then categorised them according to themes, concepts and similar features (Neuman: 2000: 163; 2003: 442; Thomas & Harden 2008: 10). In thematic analysis every attempt was made to employ names for themes in a manner that directly reflected the texts as a whole (Anderson 2004: 309). Thomas & Harden (2008: 10) ascertain that the researcher groups and distils from texts a list of common themes in order to give expression to the voices of participants, in this case the voices of the elderly women in Chivi District.

The process of data gathering and data analysis continued by bringing in new participants until research questions were fully answered and no more new data was emerging from the respondents thus data replication occurred (Punch 2009: 33; Bowen 2008: 139; Guest, Bunce & Johnson 2006: 66). The process of coding then followed, during which initial labels were assigned to data in order to locate the main themes (Neuman 2003: 442). After the process of cording and segmenting themes I engaged in follow up interviews. The second round of interviews was targeted on the elderly women. It was not smooth as some participants were not willing to participate. Some indicated their busy schedules in the fields as it was harvest time. One participant who was bed ridden during the first round of interviews was now very sick and another participant had visited her adult children in a distance. Only five were willing to be interviewed again and did not drift from their first responses, therefore, I maintained the themes from the first 22 interviews. The development of new concepts occurred and consequently new knowledge was generated (Neuman 2000: 163).

4.9 Trustworthiness

Trustworthiness is established when findings are closely as possible reflect the meanings as described by the participants (Lietz, Langer & Furman 2006: 442). Trustworthiness is defined as a demonstration that the evidence for the results reported is sound and the argument made based on the results will be strong (Charles & Craig 2005: 221). Shenton (2004: 63-75) argues that ensuring credibility is one of the most important factors in establishing trustworthiness.

To maintain trustworthiness in a qualitative study, Cohen et al (2011: 413) suggest criteria to ensure valid interpretation of data: truth value, consistency, and neutrality. In the current study, truth value will be measured by credibility. This can only happen if there is enough engagement in the research setting so that recurrent patterns in data can be properly identified and verified. Since a qualitative design from the researcher's perspective will be naturally biased due to my close association with the data sources, and methods, audit strategies like member checking, for example, was used to confirm findings (Stephens 2009: 309). Therefore, trustworthiness of interpretations and findings depended on the researcher's ability to demonstrate how they were reached (Shenton 2004: 63-75). In this study the following strategies were employed to ensure trustworthiness:

4.9.1 Credibility

According to Korstjens & Moser (2018: 121) credibilty is confidence that can be placed in the truth of the research findings. The aforementioned authorities argue that credibility establishes weather the research findings represent plausible information drawn from the participants' original data and is a correct interpretation of the participants' original views. For this strategy I employed prolonged engagement. This is where long-lasting engagement with the participants is done (Korstjens & Moser 2018: 121). This was enhanced by my long stay in the field that is March to April of 2017.This enabled me to have sufficient time with the research participants. I interacted with them very often and consequently pluged out misinformation and gained their trust.

4.9.2 Transferability

Transferability concerns the aspect of applicability (Bitsch 2003: 85; Korstjens & Moser 2018: 123). In this study, I provided a thick description of the participants and the research process to enable the reader to assess weather my findings are transferable to their own setting; this is the transferability judgement (Bitsch 2003: 85). For this strategy I provided a rich account in which the research was carried out, sample size, demographic, socio-economic status of the research participants, interview procedure and exerpts from the interview guide.

Snowball sampling was used to select rich informants as discussed under sampling. Verbatim responses of the research participants were presented.

4.9.3 Reflections on the field process

Reflexivity is an important part of qualitative inquiry because it is through this reflection that qualitative researchers can ponder the ways in which they may assist and hinder the process of co-constructing meanings (Lietz & Moser 2006: 442). Therefore, in qualitative research, there should be reflexivity on the part of researchers. This entails a continuous process of reflection by qualitative researchers on their values and of recognizing, examining, and understanding how their social background, location and assumptions affect their research practice (Palaganas, Sanchez, Molintas & Caricativo 2017: 427).

The data gathering process was exhausting as I walked through thick bushes from household to household, however, it was both fulfilling and interesting. This was because it was not difficult for me to obtain thick data from the participants as a female researcher. In addition, being a Karanga myself from Masvingo, I easily established rapport during our interaction as there was no language barrier and they felt I was one of them, even though I now work and live in Harare. Consequently, the interviewees relaxed and they opened up during the interviews. I could easily probe the research issues without language barriers as the interviews were done in Karanga, their vernacular. I could easily understand what they meant even if they used proverbs, riddles or gestures to express themselves. This made my interviews very interesting as I could also use similar expressions. In other words, I did not face any major drawbacks during the interview sessions as there were no differences in gender; race and language that may hinder the smooth flow of communication. This is in agreement with Rabe's (2006: 96) assertion that "[i]n certain research situations specific disparities between interviewers and respondents may constitute a substantial hindrance…". The participants felt free to explain to me their experiences in the communities. Most of them highlighted how they were marginalised during intervention programmes such as food aid and cash transfers. The relaxed atmosphere that prevailed between me and the research participants enabled me to obtain very sensitive information as some of the participants voluntarily disclosed their HIV status.

However, some of them had misconceptions about my interest in their welfare. I could see that some of the participants associated me with people who sometimes visited them inquiring about their social status so that they could get aid. This was because during that time donors were assisting impoverished households with food aid and cash transfers. Consequently, some of the participants opened up and, in some cases, they volunteered information in anticipation of getting food aid. This was despite the fact that I had already explained my mission, but as they were in a desperate situation, the elderly women thought otherwise. However, I continued to explain to them that I was just carrying out educational research and was not on a donor-funding mission. In addition, some participants thought I had come to investigate them on political lines as the political parties were already campaigning for the 2018 harmonised elections. This was also reflected by the refusal of all the participants to be tape recorded as they thought this could be easily used against them in politics. Consequently, I had to take down detailed notes during all the interviews and it was rather cumbersome. This was because the Zimbabwean politics were very volatile during that time as one's political affiliation was critical in obtaining food handouts. Those who were sympathetic to the opposition were sensitive and they did not want to divulge some information especially that would expose the government as they feared to be labelled traitors.

On the other hand, the ruling party supporters wanted to hide the ills of the ruling party. In those instances, I could not elicit enough data from the participants but generally most of the interview questions were fully answered as I continued probing and they seemed to have realised that I was empathetic to their situation. I also gained their confidence as I gave them valid information that could alleviate their dire situation, for instance, when we discussed their health and welfare issues, I explained to them some of their rights and some of the welfare policies and they seemed to have appreciated that. They were also happy to discover that there were still people who were interested in discussing issues to do with their welfare as many thought they had been isolated and neglected, even by their kin.

4.10 Ethical issues

The following ethical issues were observed in this study:

4.10.1 Permission

In this study I sought permission to carry out the study from UNISA Ethics Committee. After receiving the Ethical Clearance letter from UNISA I took the letter personally and sought an audience with the District Administrator to partake in the study as he is the overseer of Chivi district. Having been granted the permission by the District Administrator, I went to the social welfare administrator and village heads respectively seeking permission to carry out the study in the villages. I was welcomed and I conducted my study freely.

4.10.2 Informed Consent

To ensure informed consent, I told the participants about the purpose of the study in detail as well as making them aware of the risks they may face in participating in the study (see Addendum 2 in this regard). I made sure that the participants were free to make decisions about whether they wanted to participate or not at any point in the study. In other words, they needed to have informed consent (McMillan & Schumacher 2010: 420). Informed consent is a process whereby participants give their consent to participate in a research study after getting honest information about its procedures, risks and benefits (Patton 2002: 273; Cohen, et al 2007: 115). Throughout the interviews no single person withdrew.

4.10.3 Confidentiality

Confidentiality of the participants was also taken into consideration ensuring that they remained anonymous. Pseudonyms were used for the names of the elderly women and village heads. That was done in view of Creswell et al's (2010: 217) ideas which contend that confidentiality means that no one, except for the researcher and promoter, has access to the participants' data or names and no one can match research information with that of a participant.

4.10.4 Anonymity

I ensured that anonymity of participants was respected by using pseudo names when reporting the observations and interviews carried out. This is in line with Silverman (2006: 167) who

suggests that it is the researcher's obligation to keep the participants' identity and responses private. A participant has a right to have his or her identity remain anonymous (Silverman 2006: 168). Cohen et al (2007: 209) suggest that a participant's anonymity is guaranteed when a given response cannot be matched with a given participant.

4.10.5 Harm to Participants

In any research, participants must be protected from physical, social, emotional and spiritual harm or from potential harm of any nature (Creswell, 2012: 21). In this study I ensured that all participants were not exposed to any harm and those questions which seemed to be sensitive were shelved and referred to later. Participants were never pushed to answer any question.

4.11 Conclusion

This chapter has highlighted the research methodology. The qualitative research was done in Chivi district in Zimbabwe and the participants were purposively selected using the snowball type of sampling for the purpose of getting information from targeted elderly women. Data was collected through interviews and observations of eighteen elderly women in Murevesi and Muzvidziwa villages in the district. Finally, data analysis was done systematically as per themes and sub-themes derived from the collected data.

Chapter 5

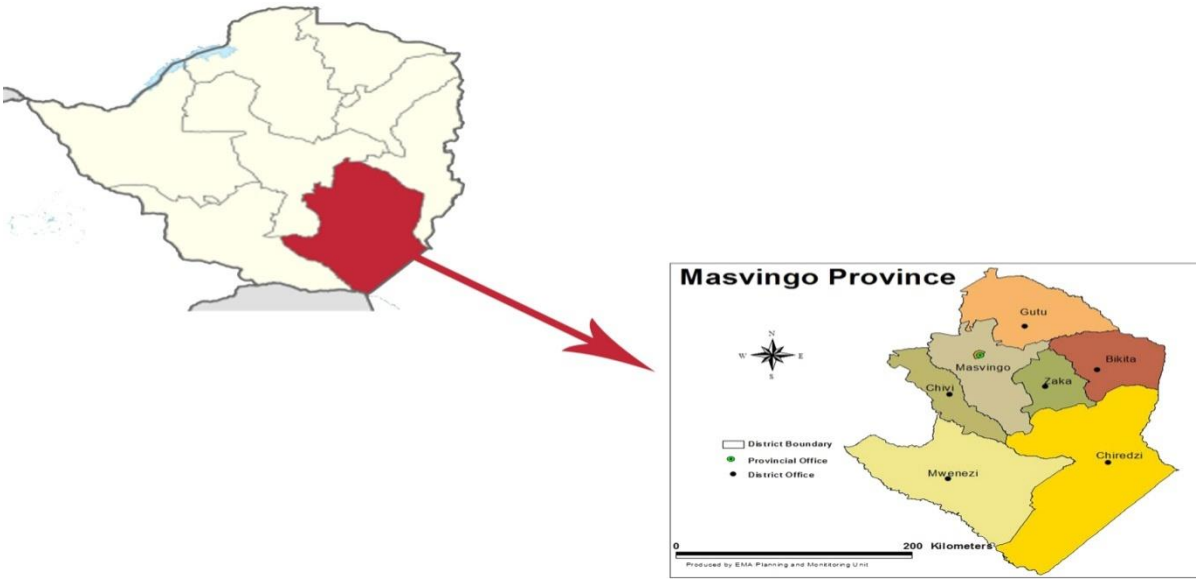
Background to the study areas

5.1 Introduction

As indicated when discussing the life course perspective above, the historical time and geographical locations are of importance to understand individual journeys. This chapter provides that context by focusing on the geographical location of Chivi District, urbanisation, land distribution policies in colonial and post-colonial Zimbabwe and relevant welfare policies and legislation. Literature and interviews with resource people formed the backbone of this background. As reported in the previous chapter, the resource people consisted of the District Administrator [DA], the Social Welfare Administrator [SWA] and two village heads [VHs] in the study areas who had the mandate to ensure good governance and sustainable livelihoods of citizens.

5.2 Geographical location of the study areas in Masvingo Province

Figure: 3 Masvingo Province



Source: *EMA- National Maps.*

5.3 Description of Chivi District

Shona people of the Karanga dialect/tribe occupy the Chivi District. According to Mazarire (2003: 40) five main groups inhabit the district; however, this study is focusing on central parts of the district under Chief Chivi. In the Chivi District, gender inequality includes women not being owners of household assets (such as cattle), not being considered as inheritors of property and no or low levels of formal education (Mba 2006: 181; Kinsel 2005: 24; Mitchell & Bruns 2011: 115). These gendered practices shaped the transitions and life trajectories of girls and women throughout their lives.

Consequently, they were confined to the home and childrearing; hence they were subordinates of men in all other fields. This was confirmed by the research participants during interviews whose socio-economic status was comparatively low compared to that of men. Additionally, the Karanga, like most tribes in Africa, considered the extended family as a safety net (HelpAge International 2013; Dhemba 2013: 10; Dhemba & Dhemba 2015). However, modernisation and industrialisation have changed the cultural, traditional and religious attitudes and practices resulting in a negative impact on the elderly women's wellbeing.

The people in Chivi District survived mostly on subsistence and small-scale farming that augmented household income. However, one third of Chivi District lies in the agro-ecological region 4 that receives 450-600 mm of rainfall annually and the rest is in region 5, which is the driest part of the country (Chiripanhura 2008). Because of the weather conditions, the district experiences recurring droughts, almost three out of five years (World Bank 2006). The district is also characterised by poor soil which does not yield great returns (Chiripanhura 2008). Mvumi et al (1998) established that Chivi District is largely suitable for cattle ranching; and they observed that such type of farming is hindered by households owning only a few acres each. The geographical location of Chivi District thus contributes to people in that district being prone to poverty due to the perennial droughts.

Very few households own livestock in the district due to the prevalence of drought, consequently draught power is very limited (World Bank 2006). This was exacerbated during the 2015-2017 devastating drought that caused the death of livestock, especially cattle. This in turn lead to more households lacking draught power during the 2016-2017 farming season, particularly those owned by elderly women. The poor conditions of women in the study areas exemplified these rural impediments. For example, since cattle were men's entitlements, women depended entirely on men for ploughing. Moreover, because of the division of labour in African societies, particularly in communal areas such as Chivi District, ploughing using draught power was the men's prerogative while women did activities assumed to be more suited to women, such as hoeing and weeding.

Figure 4: The use of draught power

Source: Zimbabwe Poverty Atlas (2015: 191)

This division of labour according to gender was reflected by poor yields in elderly women's fields. They could not cultivate their fields in time, nor did they receive agricultural inputs such as fertiliser: *"...elderly women did not get enough inputs such as fertilisers when others were given; most of the elderly people were left out" (VH 2).*

The unequal distribution of resources was a sign of discrimination and had impacted negatively on the research participants' livelihoods as draught power and manure provided by cattle are regarded as important inputs determining food security in the home (Chiripanhura 2008). Therefore, the prevalence of drought and the lack of draught power caused endemic poverty among some of the participants in the district.

Moreover, the research participants were heads of households although they were not recognised as such. The situation reflected similar findings from other studies (Chalton & Rose 2001; Kimuna 2005; HAI 2005; HAI 2013; Taruvinga & Simbabrashe 2015). As heads of households, elderly women should have a say on major decisions that affect their households, but they were denied this right as observed in the study areas in Chivi District.

5.4 The structure of local governance in Chivi District

There are three distinct authority structures typical of local governance in Zimbabwe. These structures exercise power in the distinct, but there are overlapping zones of competence and jurisdiction (Zimbabwe Centre for Conflict Management and Transformation) (ZCCMT; Chigwata 2016):

- Traditional leadership, whose authority derives from custom and history;
- Councillors, whose authority derives from local popular election; and
- District Administrator, whose power flows directly from central government.

Table 3: Structure of government

Level/Office-Bearer	**Traditional**	**Local Government**	**Central Government**
District	Chief	Council	District Administrator
Ward	Headman	Councillor	
Village	Village head		

Source: *Zimbabwe Institute 'Local Government Policy Review'* (2005: 10).

According to ZCCMT, the largest administrative unit in Zimbabwe is the province. The provinces are divided into 28 urban councils and 55 rural districts. Each district is administered by the DA and a Rural District Council [RDC] [ZCCMT]. Furthermore, the district is sub-divided into wards. The registered voters in each ward elect a councillor to represent them in the RDC. Wards are represented by a headman [s*abhuku*] who is a

traditional leader (Chigwata 2016). This speaks to a hierarchy that should be followed either top-down or vice-versa when those in power are executing their duties. The structures have legal standing though to differing extents [ZCCMT]. This shows that powers of those in authority are not independent, but they follow a bureaucratic system. This definitely affects the day-to-day running of affairs of the villages as will be illustrated in more depth below.

5.5 Functional limitations of responsible authorities in Chivi District

The above explained power relations that follow a top-down approach, often disempowers other ranks when executing their duties. For instance, the DA, or the village head have limited powers in the way they run their constituencies. Although there are VIDCOS and WADCOS in local government in Zimbabwe they are answerable to the village head and councillor respectively. Therefore, in this study they were not selected as resource persons as the required information was from the village head, the DA and the social welfare administrator.

5.5.1 District Administrator

According to ZCCMT, DAs are appointed by, and are answerable to the Minister of Local Government. The DA serves as the Chief Executive Officer [CEO] of the district council. Their function is to advise council, act as chief implementers and also as government regulators and monitors. As a CEO the DA oversees all administrative matters, including the appointment of chiefs, the conduct of elections and the distribution of food aid and agricultural inputs. In addition, the DA disburses allowances to traditional leaders as well as representing the state at local official functions (Chigwata 2016). As an appointee of the minister, the DA's duties are directed from the top and he/she is to execute them religiously. That is why the Chivi DA confessed a certain incapacity to deal with vulnerable people such as the elderly women as it was beyond his jurisdiction as powers remained with higher authorities. This was evidenced by the DA's revelations that they stick to what was in the Memorandum of Understanding [MoU] between the government and partners when implementing programmes and interventions, meaning that he had no autonomy to make independent decisions. The following extract from the interview with the DA says it all:

> *These partners, such as CARE, have specifics which they follow in issuing food handouts and we cannot do what is not in the MOU by stating whom we want them to help. If their programme is earmarked for children, that is that, even if other vulnerable groups are in need, we cannot change that (DA).*

These power relations contributed to the marginalisation of the elderly women in Chivi District when it came to policy implementation. In addition, there were no comprehensive policies focusing on the elderly and hence their exclusion from policy implementation. Furthermore, the DA who represented them had no independence in decision making thus lacked own initiatives even if the situation demanded it, as he was answerable to those at the top.

5.5.2 Traditional leaders

According to the ZCCMT (Chigwata 2016) the Chiefs and Headmen Act of 1998 gave the president the power to appoint chiefs to preside over communities. The Act gives chiefs very limited responsibilities with little mandate beyond 'performing the duties and functions pertaining to the office of the chief as the traditional head of his community'. Village heads were not recognised by the Chiefs and Headmen's Act despite their local legitimacy. Traditional leaders have limited powers to key areas such as development, food security and the general welfare of their subjects. Their subordinate roles compromise their authority as was also unearthed during this study. For instance, they were told what to do by councillors, DAs and NGOs without any contributions from them. One village head established that:

> *I do not know of such a policy [Older Persons' Act] as a village head, but the councillor once mentioned that those with 65 years and above should get preference only if they cannot work for their food [referring to programmes such as Food for Work] (VH 1).*

In agreement the other village head stated that: *We always get directives from the councillor. He is the one who communicates to us expectations from the government (VH 2).*

From what has been revealed by the village heads above, it is clear that these traditional leaders did not make key decisions in their communities. It also reflects the red tape type of governance. Consequently, the village heads found their hands tied when it came to the distribution of aid to villagers. Chigwata (2016) aptly notes that this is despite the fact that they have the most interactions with the villagers, hence their appropriateness to judge vulnerability of those they lead. This is captured in the following quotation from one of the village heads:

> *There is nothing that l can do. The names that are only considered are those that appear in the register and are voted for by the villagers [referring to beneficiaries of social assistance] (VH 2).*

Similarly, another village head had the following to say: *As a village head, I also vote and I am not allowed to include names of those who are not voted for, even if I see the need (VH 2).* This impeded good governance by village heads as their initiatives were obstructed especially in trying to help elderly women who were not targeted in programmes and interventions.

5.6 The effects of the expansion of Chivi Growth Point on the welfare of the elderly women

The infrastructure at Chivi Growth Point [CGP] is not yet fully developed. Apart from the poor road networks that connected surrounding villages such as Muzvidziwa and Murevesi to the service centre, there were only two banks at CGP and these were a mobile Zimbabwe Building Society Bank [ZBB] and People's Own Service Bank [POSB]. Notably, there was a government referral hospital and other private health facilities such as surgeries and pharmacies. However, the expansion of CGP resulted in half of the population of Muzvidziwa Village being relocated to their agricultural land, thereby reducing acreages of agricultural production. This emanated from the fact that there were no farms in the area for resettlement like other districts in the province (Report of land review committee: Government of Zimbabwe 2003).

As a result of the expansion of CGP, grazing land diminished affecting the rearing of livestock such as cattle. The situation saw most households rely on draught power provided

by donkeys and, unlike with cattle, one can only plough relatively small pieces of land. Limited amounts of cattle also threatened food security as people could no longer get enough beef and milk as sources of protein. Therefore, the under-nourishment of vulnerable people, such as the elderly women in Chivi District, was cumulative and multi-faceted. I observed this during my interaction with the research participants, as their health status was often poor. This echoed studies revealing that elderly rural women needed more food provisions as there was food insecurity among the rural elderly compared to their urban counterparts (Dhemba et al 2002; Fouad 2005; Nyikahadzoi et al 2013; Dhemba 2013 and FAO 2013). It was also established that ward 30 [Muzvidziwa] in Chivi District had the highest poverty prevalence (Zimbabwe Poverty Atlas: 2015: 191) and this was reflected by the living standards of elderly women in the study areas.

Besides food insecurity, poor road networks hindered the smooth movement of public transport in the district under study. Consequently, accessibility to the service centre was cumbersome, especially if elderly women needed access to health facilities. In most cases they were ferried to the referral hospital in wheelbarrows and scotch-carts that were not comfortable and extremely slow.

Figure 5: Mode of transport in rural areas

Source: *Zimbabwe Poverty Atlas* (2015: 191).

Pertaining to the above it was observed by a village head:

Visiting the hospital in itself is a tall order for the elderly women. Most of them can no longer walk long distances, hence getting to the hospital is a challenge (VH 2).

5.7 The impact of land distribution policies in colonial and post-colonial Zimbabwe on the welfare of elderly women in Chivi District

Poverty prevalence in Zimbabwe is associated with many calamities such as droughts, socio-economic environment, political environment, social backgrounds and colonial policies that influenced the allocation of poor soils to black people while whites took the lion's share. Policies advance the ideologies of the present regime and these policies provided pathways from which cohorts or individuals' trajectories were constructed (Kaseke 2003: 36; Danneffer& Setterstein Jr. 2010: 4; Mazingi & Kamidza 2011: 322; Gudhlanga & Bhukuvhani 2012: 4534). For instance, as has been highlighted earlier, during the colonial period in Zimbabwe, policies were discriminatory according to racial dividions. After the Land Apportionment Act of 1930, Africans were settled in poor lowland areas (Rhodesia Land Apportionment Act 1930; Njaya 2013: 3). This was exacerbated by the after effects of the Second World War that resulted in an influx of a new generation of white farmers and ex-servicemen coming from the war who were given prime land as reward (Rhodesia Land Apportionment Act 1930; Njaya 2013). All these historical developments during this era degenerated into overpopulation and overuse of arable land in black communal areas and Chivi District was not spared.

From 1930 the subsequent land policies such as the Land Settlement Act of 1944 and the Land Husbandry Act of 1951 never rescued Africans from unfertile soils and Chivi District is still experiencing poor agricultural production. Furthermore, these policies had a gender dimension that exploited women and deprived them of land rights (Njaya 2013; Thabejane 2017). Women's relationship to land was linked to political and cultural predisposition and has not much changed in post-independent Zimbabwe as witnessed by land distribution programmes in Zimbabwe (Nyawo 2015: 19; Thabejane 2017). Thabejane (2017) established that the political, economic and social structures in Zimbabwe are gendered and work to the advantage of men at the expense of women when it comes to land ownership. In this context, the vulnerability of elderly women's households in Chivi District cannot be overemphasised as the major source of livelihoods and backbone of the economy is agriculture in Zimbabwe

(Zembe, Mbokochena, Mudzengerere & Chikwiri 2014). Additionally, the major crops they produce are maize, sorghum, millet, rapoko, and groundnuts that are largely for household consumption, meaning that they remain economically impoverished.

In a bid to redress the unequal distribution of land during the colonial regime, there were land acquisitions and resettlement programmes, which started in 1997 and were heightened in 2000 through the fast track programmes in Zimbabwe (Nhongo 2006: 7; Zembe, et al 2014: 161). Rural people were among the beneficiaries of land reform programmes (Mabiza 2013: 7). However, Mabiza aptly pointed out that there were no studies that focused on the involvement of elderly people in the Fast Track Land Reform Programme [FTLRFP]. This gap shows the absence of elderly people especially women in development programmes, despite the fact that women constitute 61.7% of the rural population and they constitute the bulk of the agricultural workforce in Zimbabwe (Mabiza 2013: 7; USAID 2014; Thabejane 2017).

According to Zembe et al (2014: 161) the fast track land reform programmes were historical events meant to relieve population pressure on overcrowded land to provide people with enough land for them to farm profitably. However, in Zimbabwe this is still a dream to most women, especially elderly women. Njaya (2013: 3) points out that, beneficiaries of land reform programmes included landless people, unemployed and poor people between the ages of 18 and 55 years, showing the exclusion of elderly women in these schemes. In addition, in the newly introduced scheme by the government named Targeted Command Agriculture [TCA] elderly women remain excluded.

TCA is a scheme that started in August 2016 focusing on farmers near water sources. In addition, the targeted farmers should put a minimum of 200 hectares under maize per individual and are required to produce at least 1 000 tonnes of maize (Financial Gazette Zimbabwe; 19 July 2016). Looking at the conditions of Command Agriculture, they exclusively disregard the Chivi District as they automatically fail to meet the prerequisites. The people in Chivi District did not benefit from the land resettlement programme, hence they continue to live on poor land. This is illustrated in Table 4 below as there are no farms identified for resettlement for Chivi dwellers. This is why the situation in Chivi District

remains the same because people still live in areas with unproductive and depleted soil due to the shortage of land.

Table 4: Land ownership after Fast Track Land Reform Programme (FTLRP) in the districts of Masvingo Province

District	Before FTLR Farms	A1 Farms		A2 Farms		White Owned Farms		Indigenous owned farms		Church Owned Farms		State Owned farms	
	No.	No.	Ha	Sub Division	Ha	No.	Ha	No	Ha	No	Ha	No	Ha
Chiredzi	128	27	220851	392	12174	53	1147772	9	11523	-	-	7	325182
Gutu	123	84	139389	151	16951	6	6094	5	6330	4	3499	-	-
Masvingo	255	50	61458	127	11694	21	10024	61	49523	6	2131	11	22322
Mwenezi	127	50	432332	193	185279	10	38125	3	2520	-	-	1	14519
Bikita	16												
Chivi	-												
Zaka	-												
Totals	**649**	**211**	**854030**	**863**	**226098**	**90**	**169105**	**78**	**69896**	**10**	**5630**	**19**	**362023**

Source: Vol 1: Main Report; Report of land review committee. Government of Zimbabwe (2003)

Furthermore, Constitutional law discriminates against women. Although Section 23 of the Constitution of Zimbabwe protects Zimbabweans against discrimination on the basis of race, tribe, place of origin, political opinions, colour, creed or gender, Section 23(3) (b) permits discrimination "in the application of customary law in any case involving Africans". Under the customary law in Zimbabwe, land rights are given to heads of families who are usually men (Constitution of Zimbabwe; USAID 2014; Thabejane 2017). In addition, many customary tenure systems provide little independent security of tenure to women after the death of their husbands with land, often falling back to the husband's lineage (Sehmi 2009: 3). The tenure system mostly affected rural women who survived on agriculture, unlike their urban counterparts who upon the death of the husbands, automatically inherit property as surviving spouses. From this context it is clear that women, particularly elderly women, are not targeted in land acquisition programmes that have a bearing on their livelihoods as agriculture is the mainstay of the economy in Zimbabwe as mentioned (Masendeke 1997: 3; Zembe, et al 2014: 161). Consequently, the objectives of the 2017 National Gender Policy

[NGP] in Zimbabwe that speaks of gender justice, equality, integration, inclusiveness and shared responsibility for sustainable development are defeated.

The exclusion of women from land allocation in Zimbabwe has negative effects on women in their later life outcomes. Hence, the life course perspective sees later life conditions as caused not only by current circumstances, but also by earlier events and contexts (Ogwumike & Aboderin 2005: 8). For instance, in Zimbabwe women's relationship to land is hinged on the institution of marriage and it has affected women's socio-economic status (Goebel 2005: 152; Nyawo 2015: 19). However, inequality in land distribution between men and women is regarded as normal in Zimbabwe and is recognised even in the supreme law of the country. This was clearly illustrated by the words of the former President of Zimbabwe, Robert Gabriel Mugabe, at the peak of FTLRP when he said: "If women want property, then they should not get married" (Goebel 2005: 145). This clearly shows that in Zimbabwe, women have remained subordinates of men and the advocacy of gender equality in all spheres of society that was earlier own cried for by the Zimbabwean government was abandoned before its fruition (Sita Racnchod-Nilson 2006: 66).

5.8 Aging and urbanisation in Chivi District

Social change is inevitable in the 21st century as structural developments are taking place even in rural areas. In Chivi District, the Growth Point was fast expanding and the villages under study were affected especially in Murevesi and Muzvidziwa which are in ward 12 and 30 respectively. These villages are within a 9km radius from CGP. As discussed earlier, rural development into urban areas has negative effects on the welfare of the elderly particularly women in Chivi District. Traditionally, the elderly lived among their kin in communal areas. They were regarded as repository of knowledge and great teachers (Mba 2006: 181; Sehmi 2009: 3; Crooks 2009: 12; Dhemba et al 2013: 11). Even in Chivi District, Mazarire (2003) stated that in pre-colonial era women were acknowledged as important. Alas, this deteriorated with the emergence of social change brought by modernisation and rural development.

Due to modernisation, elderly people have become casualties of development as families and states were failing to provide for the aging population (Kinsela & Philips 2005: 5; Mapoma & Masaiti 2012: 109; Crampton 2013: 104; Dhemba & Dhemba 2015). Instead, most elderly women in my study were heads of households with scanty resources. Their offspring had migrated to towns or beyond the borders in search of jobs or had relocated to nearby Growth Points in anticipation of greener pastures. Therefore, family bonds eroded over time. Discussions with the SWA exposed similar views:

> *The extended family is no longer viable. There is no longer a family connection or bond. Some generations have no connection to the rural home. Therefore the granny is neglected when their own children have died. Even if their children are still alive, they no longer live in their traditional homes because of modernisation (SWA).*

It was evident that the participants no longer rely on the youth for their everyday living. This is illustrated in the following excerpt:

> *You think people are still taking care of each other? [He said with shock registered all over his face]. People are now very individualistic; no one cares what happens next door. It used to happen long ago, these days people are only worried about their immediate families. This is because of the harsh economic situation. Everyone is living on the edge. There is high unemployment; all the youths are loitering in this village. How then will they be able to assist others? (VH 2).*

The revelations point to the breakdown of traditional family ties in Chivi District brought about by urbanisation. This situation is evidence that the mutual support between elderly persons and their adult children is affected by life events and transitions across the life course (Runyan 1984: 572; Heinz 2010: 6). According to Runyan, the mutual support can also change when families go through historical disruptions as witnessed by current events globally due to climate change and the distressing corona virus.

5.9 Implementation of social welfare policies in Chivi District.

It has emerged that the government is not keen to move fast on implementing social welfare policies that target the elderly. This was despite the fact that there was awareness of the plight of the elderly women from various studies carried out globally, in Zimbabwe and in Chivi District in particular. This was evidenced by the revelations by the resource persons during my interaction with them. When I asked if there were any policies to guide the whole process in the distribution of social assistance to vulnerable groups such as the elderly women, I got responses from the DA such as; "… *policies are not important, we stick to what is in the communiqué."* On the other hand, when I asked the SWA if he was aware of the Older Persons' Act, I got the following response:

> *Very much aware. The Older Persons' Act was made law in 2012 but it is not operational. This is because there are no strategies in place for implementation to take place. After a law has been crafted and passed in parliament there should be statutory instruments to guide policy. The statutory instruments govern how certain things are to be done. For example, how those eligible for a programme are selected. Without such instruments the policy is not functional, because in communities people select those who are eligible for food aid using wealth ranking.*

The above sentiments clearly portray that although there might be policies in place, they are just on paper as there is little or no implementation. Failure of implementation to take place was a result of many variables such as political will by the government or lack of financial and human resources (Makinde 2005: 63-64; Dhemba & Dhemba 2015). In line with that the SWA indicated that lack of funding was one of the implementation gaps of the Older Persons' Act in the following citation: *"The Older Persons Act is not funded. If a policy is not funded implementation is difficult. The government and partners should fund policies or acts for them to kick-start."* According to the above resource person, funding of policies was very crucial because there should be workshops to make the elderly aware of their rights and the Older Persons' Act. He continued and pointed out that: *"We cannot address this issue alone as the social welfare department without funding. The government should use the media to cascade information on the Older Persons' Act."* From the above sentiments, we can conclude that,

there should be interrelationships between the macro and the micro level institutions if funding of policies and implementation is to be successful.

Furthermore, during my study, I unearthed that VHWs, who are part of the social welfare department, have inadequate human and material resources; consequently they are failing to execute their duties meticulously in the study areas in the Chivi District. The following citation from VH 1 reveals: *"We only have one village health worker in this village who is primarily responsible for the needs of those living with HIV and AIDS. She doesn't really care about the rest."* Echoing the same sentiments, the SWA said:

> *The truth is we do not have enough manpower, so doing their job is difficult. There is only one village health worker in each village. They are supposed to work with villages focusing on health issues or general cleanliness in the communities. In the villages they call them vana utsanana [Environmental health workers]. They also recommend those who cannot access health facilities because of financial problems to this office, so that we give them authorisation letters so that they can be attended at the clinic or hospital.*

These findings are similar to those of Wytt et al (2010) who stated a decade ago that the staffing in the social welfare department in Zimbabwe was widely out of alignment for the effective implementation of policies.

5.10 Conclusion

The chapter served as background highlighting the geographical location of Chivi District, colonial and post-colonial policies, urbanisation, the structure of governance in Chivi District and the implementation [or lack] of policies and how these generally impact on the welfare of the elderly. It also provided an overview of functional limitations of those in leadership positions such as the DA, SWA and traditional leaders in executing their duties. Challenges that confront elderly women in obtaining welfare services were also brought to the fore as policy makers and implementers continuously turn a blind eye to the welfare of rural elderly women, despite overwhelming evidence of their need to get specific social protection. Implementation gaps that have hindered the implementation of social welfare policies have

also been discussed. This background informed the historical and geographical context of the life trajectories of the research participants which will be discussed in the next three chapters.

Chapter 6

Social welfare policies and the socio-economic conditions of elderly women in Chivi District

6.1 Introduction

This chapter discusses the policies aimed at alleviating poverty among vulnerable groups, including elderly women in the Chivi District. The chapter also focuses on the impact of social welfare policies and legislation on the socio-economic and social status of the research participants. Where the previous chapter focused mainly on the context, here the links between the context and individual trajectories emerge.

6.2 The impact of legislation governing the elderly persons' welfare in Zimbabwe

The plight of the elderly persons has been put on the spotlight by many studies the world over (Aboderin 2008; HelpAge International [HAI] 2013; UN Population Division 2018). Consequently, states have crafted policies and legislation meant to alleviate the elderly's livelihoods. However, from my findings it was evident that the 'Older Persons' Act' in Zimbabwe faced many challenges.

6.2.1 Pitfalls of the Older Persons' Act

The law was drafted in 2002 after MIPPA, and established in 2012, but the government had a nonchalant attitude towards its implementation. This attitude extended to the implementers such as the DA in Chivi District as evidenced by his sentiments when he said: *"As I said before, policies are not important"*. This also cascaded to the grassroots represented by village heads as they were ignorant of the law. The two village heads interviewed confessed their ignorance of the Older Persons' Act in the following excerpts. The first village head said: *"I have never heard of such laws and policies."* Similarly, the second village head stated: *"I am not aware of such laws and policies. I have never heard anyone talking specifically about the welfare of the elderly."*

The DA, whose role was to coordinate, monitor and oversee all activities in the district, including those to do with the welfare of the elderly, showed little interest in the law, in fact he hardly wanted to talk about it. When probed about the Act and its implementation, his answers and seemingly dismissive body language betrayed his lukewarm attitude particularly when he said: "*Let us not discuss policies because that is irrelevant."*

The DA's sentiments were illuminated by his perception on policy implementation. The previous year (2016) the DA said a commemoration was held with the elderly in the village and to him the day was not of much significance, betraying his own attitude towards the day and the tragic dismissal of anything to do with the elderly. It seems that the mere commemoration of the Act, rather than following its provision for the upkeep of the elderly was enough. "*Last year we commemorated the Older Persons' Day. This was done in November 2016. I cannot remember the agenda, but government officials addressed the older people" (DA).*

Forgetting the agenda of the meeting and the delay to commemorate the Day of the Elderly that was supposed to be done on the first of October each year showed how the Older Persons' Day was trivialised by policy implementers in Chivi District. What he remembered was that the elderly were given some refreshments on the day, instead of focusing on important issues such as neglect, disempowerment, discrimination and marginalisation. His dismissive and mocking tone of voice added to the contents of his response. It seem the DA did not feel legally compelled to ensure the Act was implemented in the district.

Since the DA was overall in charge of the district, it was likely that those who fell under his jurisdiction adopted his attitude, and that knowledge of the law could barely cascade down to implementers at grassroots level. This was evident from the two village heads' revelations in this study. The Social Welfare Administrator made a comparative analysis with other Acts to emphasise how the Older Persons' Act was merely paperwork:

> *The Disability Act and Child Protection Act have statutory instruments and strategies in place. Consequently, the physically challenged and children cannot*

> *be undermined because they know their rights through awareness campaigns in the media and they have been 'workshopped' on several occasions compared to the elderly persons, especially women. The government and partners fund workshops and awareness campaigns of disabled people and children. This must also apply to the 'Older Persons Act', such that the elderly are aware of their policy.*

Hence the groundwork for the failure of the Older Persons' Act was laid by the government itself through the lack of statutory instruments, non-enforcement of the law and lack of funding for awareness campaigns.

Section 10 of the Act, however speaks to the provision of the Older Persons' Fund which was clearly not implemented as there were no listed beneficiaries of such funds in Chivi District. This shows the government's lack of seriousness in the implementation or funding of the Act. In this situation where policy implementers treated the Act as a piece of paper, it was not surprising that no one bothered to inform the intended beneficiaries, that is the elderly, about it and their rights emanating from the Act. Elderly participants perceived the lack of laws targeting the elderly as the cause of their suffering. Mhere emphasised the point when she said: "*If there were laws and policies I don't think we would be suffering like this."* The law, because it was only taken as an ornament in the offices of the policymakers, could not flow towards the beneficiaries and inevitably they were unaware of it. *"I would be lying if I say I know of any", [referring to the policy] (Goho).* All the participants confessed ignorance of the law.

The findings in this study are in tandem with Dhemba's study (2013: 9) that establish that the Act does not guarantee social and economic security in old age. However, because of the qualitative nature of this study, I probed deeper and observed that it was not only the lack of statutory instruments that affected the implementation of the Act, but also the negative attitude of policy implementers such as the DA. The DA for instance, when pressed to reveal whether there were policies and laws that targeted elderly women, his brash response betrayed the negative and patriarchal tendencies towards women inherent in such type of policy

implementers and monitors: *Why women? [He frowned]. All the programmes that are done in this district do not target the elderly or the elderly women.*

From a CFG perspective, the law itself could hardly benefit, transform or empower the participants as no clause in it disaggregated the intended beneficiaries in terms of gender. It was totally blind to the issue of gender—bunching elderly men and elderly women together as if they had the same needs. Moreover, it was blind to the issue of social location of the elderly persons as it lacked heterogeneity.

While Dhemba (2013: 8) observed that the implementation of the Older Persons' Act was at a snail-slow pace, this study revealed that five years down the line even the snail slow pace had halted. The SWA confirmed this in a tone that was almost an indictment to the government:

> *There is lack of government commitment in other laws such as the Older Persons' Act that enforce policy implementation. Without such instruments the policy is not functional...*

The lack of implementation of the Act echoes Makinde (2005: 65) whose study in Nigeria established that in developing countries most policies fail at the implementation stage because policy makers pay little attention to the subject of implementation. To confirm that the supposed policy implementers had no will to implement the Old Persons' Act in Chivi District, not even a single one of them, from the DA to the Village Heads who interact with their subjects almost on a daily basis, had an idea of the number of elderly women under their jurisdiction.

> *I am not in the picture of how many elderly women are in this district. I can only say we gathered about 350 elderly people on the 24th of November 2016. We had called them for a function at the district offices (DA).*
>
> *I do not have those statistics because it is not our mandate [he tried to check in the database without success]. You can check with the Statistical Offices in Harare (SWA).*

Besides the DA and the SWA, the village heads had also no clue on the number of elderly women in their villages as indicated in the previous chapter.

Snowball sampling assisted me greatly during this phase of the study because the lack of records of the elderly women meant I had to be referred to the next elderly person in the village by other elders who were participants. The fact that those four important local structures concerned with policy implementation were not aware of the number of elderly women in their own areas of work, spelt doom for the legal recognition of their welfare under the Act and other policies.

Notably, the Older Persons' Act itself did not compel policy makers to have a strong database of the elderly in their areas. The SWA made it clear that the policy implementers did not see the importance of the connection between the demographic data at the Central Statistical Office in the capital city, Harare, and the implementation of programmes for the benefit of the vulnerable and marginalised, such as the elderly women, in their area. This is largely attributable to the lack of statutory instruments and funding for the implementation of the law as the implementers did not feel legally bound to ensure that the welfare of the elderly women was catered for. This echoes HAI (2013) who pointed out that non-existence of statutory instruments that enhance policy implementation disempowered elderly women.

6.2.2 The superficial representation of the elderly on the Older Persons' Board in Zimbabwe

Section 4 of the Older Persons' Act in Zimbabwe provides for the formation of the Older Persons' Board. The board is comprised of eighteen members and ten are directly appointed by the Minister of Public Service, Labour and Social Welfare with the approval of the President. In addition, the board chairperson and vice chairperson are nominated by the Minister. There was no mention of gender balance in the composition of the board which is potentially to the disadvantage of vulnerable including the elderly women. The law also did not speak to the age of the members on the board. This is significant as it showed that anyone older than eighteen years [the age of legal maturity in Zimbabwe] could be on the board yet this was a board that represented the elderly. Gathigar & Moyo (2016) in their study established that there are close to 800,000 older persons in Zimbabwe but the composition of the board deliberately ignored this fact. Respondents were quick to express the perception that

although there was a board to represent the elderly, no one did so. One participant aptly observed:

> *The reason is that we have no one to represent us at the top. The youths have their leadership and they always stand for each other; there is no one to represent us. We have no one to take up our concerns; as a result our concerns are ignored (Rita).*

This was a serious condemnation of the board. The non-existence of rural elderly women on the board resulted in their exclusion in programmes and interventions running in Chivi District.

6.3 Lack of demographic data of the elderly women in the study areas

Apart from not having the statistical data on the edely at district level, there are wider concerns of the accuracy of demographic data of elderly women in Chivi District, and enumeration of the elderly in Zimbabwe in general. The elderly have become almost invisible in Zimbabwe as they are not accurately enumerated as demographic statistics were only estimates (Index Mundi Zimbabwe Age Structure 2014; Dhemba 2013; Dhemba & Dhemba 2015). Consequently, programmes and interventions could not be accurately executed if the actual number of people involved was unknown. Makinde (2005) and Dhemba & Dhemba (2015) posit that the lack of systematic dependable data about the elderly poses major problems in implementing social welfare policies. This situation was also found in Chivi District as reflected in the above conversations with the DA and the SWA in this chapter who were not aware of the number of the elderly in the district. Even the village heads exposed the same.

> *There is no record for such information, but of course I can name a few especially those in the neighbourhood. There is mother to Gody, mother to Oti – these also know their age mates if you ask them (VH1).*
>
> *I would not want to lie; I have no idea at all of the number of elderly women in the village (VH 2).*

If government departments, such as social welfare departments that focus on welfare issues, confess ignorance of the number of people they should serve, issues to do with the aging population in Chivi District may not be taken seriously by the Zimbabwean government. As long as there are no accurate demographic statistics on the number of elderly persons in Zimbabwe, the social welfare policies continue to face challenges at the implementation stage (Crampton 2013: 314; Dhemba & Dhemba 2015). Therefore, unless accurate demographic data for the elderly women is known, they will not receive the attention they deserve and they will also remain excluded and isolated as the 'forgotten soldiers in their communities.' Consequently, their voices are not heard in policy development and this impact negatively on implementation (Makinde 2005: 65). This lack of the representation of the elderly, particularly women, went right down to grassroots level. The elderly women always felt the full force of being discriminated against or being sidelined by both members of the community and the community leaders because they had no one to represent their interests. One bitter participant said:

> *No one listens to the elderly in this community … The youths shared the fertilizer and seed that was provided by the government among them. I only got seed at the end of the planting season; the village head got fertilizer but he never thought of giving me some (Saru).*

To summarise - although the law provided for the establishment of a board to represent the elderly, their representation was just cosmetic and nothing came out of it to benefit the elderly rural women. This non-representation cascaded to local structures and had detrimental effects on the participants. On an individual and practical level, from Saru's viewpoint, she was not given agricultural inputs in time because the elderly were not represented and targeted. The youth looked after their own interests as they were represented in the social structures in the communities. Saru mentioned that the village head ignored her as she was given seed at the end of the planting season. This example showed the extent to which the elderly in the study areas were neglected. The major challenge was that, the elderly women were grouped together with other vulnerable groups.

6.4 Clustering of vulnerable groups in social assistance programmes in Chivi District

Programmes that provided social protection in Chivi District did not target the elderly per se. It was ascertained that elderly women supposedly benefited from social assistance programmes by being lumped together with other vulnerable groups such as the disabled people and children who are (usually) either in their care or are taking care of them. For instance, the DA and the SWA stated that the elderly benefited under legislation such as the Disability Act, food deficit medication policy, and household distribution scheme, free health care and harmonised cash transfers.

Also, the two village heads concurred when they stated that the elderly benefited from the Food for Work programme, which was a government initiative, and two CARE programmes, that is, the food aid and the cash transfer that were running in the district, when those in their care benefited. The following excerpts from some discussions illustrate this approach:

> *We do not have programmes that target the elderly women. However, they are assisted under legislation such as social protection, household distribution scheme, free health care, harmonised cash transfer and rehabilitation programmes where the disabled get help inclusive of elderly women who are disabled (SWA).*

The above revelations show that elderly women are viewed just like any other vulnerable group. This is disheartening as there is overwhelming evidence from various studies that many elderly women carry the extra burden of looking after HIV and AIDS orphans, grandchildren and other relatives (Aboderin 2005: 5; Nabalamba & Chikoko 2011: 2; Schatz et al 2011: 4).

6.5 The exclusion of the elderly from social assistance/public assistance

Social assistance as discussed earlier [see chapter 3] is targeted at specific categories of people especially vulnerable groups (Dhemba & Dhemba 2013; South Africa's Voluntary National Review Report 2019: 34). The participants in this study demonstrated that they had no sufficient earnings to meet their needs, thus they are part of the broader category of vulnerable groups and making them suitable beneficiaries of social assistance.

The research participants emphasised that the government neglected them and they did not get any financial assistance to improve their lives. "*If I had an allowance from the government I would have managed to buy food (Tula).* In the same line of thought another participant pointed out: *"We do not get any money. Sometimes if we don't have money even for the grinding mill, we just boil the maize and eat it" (Ruza).*

Tula and Ruza's exclusion from social assistance was detrimental to their already existing poor living standards reflecting the interconnectedness of factors that impede the well-being of elderly women in the study areas.It was noticeable that at most of the participants' homesteads there were no granaries or kraals[3] regarded as symbols of wealth by rural home standards, only small huts for basic shelter were visible at most of their homesteads, some of which were in an almost dilapidated state. This echoes other findings that elderly women are often the poorest in many societies (HAI 2005: 3; Nhongo 2006: 6; Crooks 2009: 3; Index Mundi Zimbabwe Age Structure 2014; Powell & Khan 2014: 147).

6.6 Social insurance perpetuates inequality

Social insurance is funded through the contributions of individuals and/or employers or through taxes (UN Report 2018: 6). It is highlighted that the insurance allows for a more equitable distribution of benefits, particularly for individuals with low incomes and short or interrupted work careers. Insurance is thus only granted to those who were once formally employed and it excludes all others.

In this study, seventeen of the eighteen participants were never formally employed because they had little or no education to allow them access to the formal sector. Mba (2006: 181) made a clear link between formal education and economic security in old age as societies transformed because of modernisation, industrialisation and urbanisation. The participants' trajectories were embedded in the political and cultural history they experienced. It was clear that during their school going period there were very few schools in rural areas and favourable

[3] An enclosed or fenced area to keep animals, such as cattle or sheep, in.

education policies (Zvobgo 1981: 13; Kariwo & Shizha 2011: 13). Those schools that were there were often inaccessible due to distances and the poor road networks which were still evident during this study.

Furthermore, the few private schools owned by missionaries enrolled one to two indigenous people each year, if they showed academic prowess or were from influential and wealthy parents. Most likely the few local people who were enrolled, were not girls as education for girls was not taken seriously due to intrinsic gender stereotypes in society. Moreover, African secondary education was scarce as one secondary school was pioneered in 1939 and there were only five African secondary schools by 1950 in the whole country (Zvobgo 1981: 13). Consequently, the indigenous in colonial Zimbabwe were not formerly educated, especially rural girls, and clearly the historical era in which an individual has lived has great influence on the individual life course (Bengtson 1993: 20; Elder 1994: 5) as depicted by the educational level of participants in the table below.

Table 5: Educational levels of the participants

Pseudonym	**Highest grade completed**
Shashara	3
Chiduku	5
Rugare	Never attended
Zivai	Never attended
Chopu	Never attended
Revai	5
Mhere	Never attended
Goho	Never attended
Rita	4
Sara	1
Rudo	7
Saru	Never attended
Tenda	Never attended

Ruza	Never attended
Sukutai	6
Ketai	3
Tula	2
Zvanyanya	5

The participants spoke about their low educational levels as follows:

> *I never attended school. My parents were not aware of the importance of education. We were the ones to do the household chores and take care of the children. It was worse for the girls because they would say you will get married. We in turn did not care about education; we are only realising it now that it is important, because the educated ones are not struggling to make ends meet like us (Zivai).*

The above confirm the gender stereotypes which were central in African societies and in Chivi District in particular. In addition, the patriarchal system oppressed girls and women as they were always at the receiving end when things went wrong, for example, when a girl child fell pregnant, she was exclusively blamed, not the boy child.

> *I went up to grade 5. My sisters were the culprits. They were impregnated while at school and my parents got disappointed. They vouched never to send a girl child to school again – we were all labelled prostitutes! They would sell their cattle to educate the boys while we were the ones to herd them. All my brothers were educated while we stayed at home waiting for marriage (Chiduku).*
>
> *I never attended school. When I was about to start school, my mother got sick and I had to assume her duties because I am the first born. I had to take care of the children and the home. I never got the opportunity to go to school since then (Chopu).*
>
> *I went up to grade 3. We never used to go to school back then. The girl child was expected to stay at home helping with the household chores and waiting for marriage. It was widely believed that if you educate a girl child, she will become a prostitute (Shashara).*

The above experiences confirm that marriage was cherished more than formal education, in Chivi District. This was compounded by gendered roles in the African context where girls and women were confined to the kitchen (Mba 2006: 181; Kinsel 2008: 24; Mitchell & Bruns 2011: 115).

By the time Zimbabwe attained independence and introduced the 'Education for All' policy in 1980, the participants were already past school going age. Therefore, the gender relations pervasive in patriarchal societies such as Chivi District denied elderly women educational opportunities to shape their life trajectories. It was clear that the cumulative oppressions of racial policies, social class, race and gender stereotypes teamed up to deny the participants social insurance at a later age as they could not be formally employed during their early stages of human development.

The low educational level of participants also emanated from the discriminatory policies such as the Compulsory Education Act of 1930, Native Education Commission of 1952 and the Education Act of 1979 (Zvobgo 1981: 13; Hungwe 1994: 11-15) that were in place in colonial Zimbabwe. During the study, all the respondents were 65 years and above, meaning that their life pathways were defined by their past history as colonised people (Kariwo & Shizha 2011: 13). Consequently, some of the participants did not attain secondary education because of reasons stated above. Therefore, history had shaped their present and future welfare as historical and political contexts later on impacted on their [lack of] social insurance. The long-term negative effects of colonialism that contributed to the participants' life trajectories and their present social status were demonstrated here.

Rudo, the only participant who entered formal employment, was an assistant nurse after standard six [equivalent to Grade Seven in Zimbabwe today]. The training of assistant nurses arose as a result of the shortage of skilled labour (Mnkandla 1999: 5; Kariwo & Shizha 2011: 20). Training of assistant nurses was done at two mission hospitals, one of which was Morgenster Mission in Masvingo. This was in Rudo's neighbourhood and she thus had the

advantage of social location. It is recurring in this study that the exact social location of individuals was one of the determining factors in one's later life outcomes.

The assistant nurses were later upgraded to State Certified Nurses [S.C.N] (Mnkandla 1999: 3). The overwhelming shortage of manpower in hospitals created an opportunity for Africans with low formal educational elvels to be recruited in the labour market such as Rudo. This was because the white colonialists wanted to protect the economy and their investments by training Africans to do skilled labour to combat the labour shortage but also to provide cheap labour (Mnkandla 1999: 5). This became a turning point in Rudo's life course as she entered into formal employment that shaped her later life which now included receiving social insurance.

Social insurance, like the discriminatory education policies, created and perpetuated classes among the elderly women in the study areas. This was echoed by Rudo:

> *Pensions go a long way in ensuring that the elderly live a better life. I am getting my pension and life is not as difficult. I do not even participate in food aid programmes.*

It was apparent that Rudo, a former nurse, lived a much better life than her peers who were not receiving social insurance pensions. Through the interview with Rudo it became evident that those with pensions had small amounts of capital to start projects and they were more respected by authorities.

> *There are a number of projects going on but most of the elderly people are unable to join because of what is expected of the members. There is one called Fushayi which I belong to. We were expected to contribute US$2 [this was the currency used back then] to start the project and many elderly people in the community could not afford it. US$2 was a lot of money considering that we were living in drought years. This project is very helpful because you can borrow money from the project and pay back with a 20% interest. We also have a money club where we are five in each group and we give each other US$20 per month (Rudo).*

The above views indicate that pensions perpetuate social inequality in old age (McMullin 2000: 521; Kinsel 2008: 24; Mitchell & Bruns 2011: 115). In this study, Rudo portrayed a different class position from the rest of the participants in the study areas. This was evidenced by her lack of concern to be part of FFWP and CT which were running in the district during the study period when others desperately needed to be included in the programmes. I also observed that at Rudo's homestead things were run differently as there was a working vehicle parked, running water and a thriving garden. She further pointed out that because of the income she was getting, she was empowered to the extent of having the opportunity of joining self help projects such as Savings and Loan Associations, unlike other elderly women in the area who were economically incapacitated.

In other words, pensions could capacitate individuals to be active members of society as they could make choices. This is because choices are provided by a person's socio-economic position, social location, education and the network a person is part of (Wingens et al 2011: 10). The following sentiments support the situation further: *"I am fortunate to know about these projects because I am in good books with many people at the District Office" (Rudo).* Rudo's situation exposed that educated and formerly employed elderly persons had privileges and opportunities as they were considered to be better off unlike the uneducated poor women who remained invisible in mainstream society. Therefore, the social insurance policies the Zimbabwean government adopted from the colonial government, were still perpetuating social inequalities among its citizens especially among the elderly women in Chivi District.

Besides Rudo, there were two elderly women who were beneficiaries of social insurance linked to their late husbands' pensions. They were not educated nor formally employed, but they were entitled to pensions as surviving spouses. Their experiences with pensions were different from that of Rudo. The two elderly women only received the pensions at the death of their husbands. They were not used to making decisions on financial issues as decision-making was the men's domain in a patriarchal community such as Chivi District. The pension became a turning point in the two elderly women's lives, but they were not financially literate or financially empowered. Secondly, they were receiving inadequate money considering the roles they were shouldering. When probed on the pensions they were receiving, they focused

more on challenges they were incurring to get the pension that was not enough for their self-sustenance:

> *Money is equally a problem. At least I am benefiting from my late husband's pension, but there is no cash at the banks. You waste money and time going to the bank where you get nothing. As you can see, I have challenges with my legs; do you think I can go to the bank quite often? The government has failed us. Sometimes you get to another month without getting the cash. We struggle to get the cash to pay school fees and to buy the basics (Shashara).*
>
> *My husband used to work for the government therefore I get a pension every month. The major problem is that there is a lot that I have to do with the money; as a result it's never enough. As I have said, I need to pay school fees for my grandchildren, buy food and buy clothes. Above all the pension is only US$150 and it's just not enough to meet all my needs (Revai).*

These statements from Shashara and Revai reveal that although they were assumed to be in a better position than the other participants, they were not able to make ends meet. What emerged from the discussions was that the social insurance the elderly women received was insufficient as they were breadwinners of families. This was compounded by the fact that most Africans enter old age after a life time of poverty (Charlton & Rose 2001). This is exacerbated by their caring roles of the grandchildren and orphans they take care of. Many of the children they were taking care off were of school going age that needed school fees, clothing and food. The dire situations experienced by the research participants were compounded by the drought years that prevailed in Zimbabwe during the 2015-2017 periods. The periods were financially difficult for the entire Zimbabwe as inflation was soaring and the total consumption poverty line [TCPL] for an average of five people per household stood at US$521.81. This means that an average household required that much to purchase both food and non-food items for them not to be deemed poor (ZimStat Poverty, Income, Consumption and Expenditure Survey 2017 Report). If we compare the TCPL to the US$150.00 the elderly women were receiving monthly in 2017, we can understand their arguments. This clearly showed how the participants had cumulative disadvantages throughout their lives.

6.7 Perceptions of elderly women in Chivi District on the impact of universal pension on their livelihoods

The participants hoped that if the government introduced sustainable universal pensions, their plight could be alleviated. Sara, a 66-year-old elderly woman, said:

> *As the elderly, we can no longer do hard work. I wish they could give us pensions. You heard me saying that we also fought to liberate this country; they should give us monthly income like the war veterans, [referring to the War Victims Compensation Act [Chapter 11:16]. This business of relying on donors is not sustainable. We only started getting food aid in January and yet we have been experiencing droughts for the past three years. We really suffer at times and only pensions can solve our problems once and for all because we will be assured of a monthly income* (Sara).

According to Sara, monthly pensions were the way to go if elderly women were to live with dignity in society. The government of Zimbabwe was already giving similar assistance to war veterans under the War Victims Compensation Act [Chapter 11:16].

> *If the government cared, it would give us pensions or monthly payouts. Imagine how an elderly woman like me without a child to help is supposed to survive. At least for now I can work for myself, but when I get really old, who will look after me? At least those who have children and grandchildren have somewhere to look up to. At least a pension would ensure that you are well catered for. From my observation, those with pensions do not suffer as much as we do. My relatives do their best to look after me, but they are also poor and they have families to take care of (Zivai).*

The above sentiments show that those with children were perceived to be better off as their children were expected to take care of them.

Rudo, who was a beneficiary of social insurance, also perceived universal pension as a relief to elderly women's suffering:

> *You see that field over there? It belongs to one elderly woman who had to plant the last crops because there was no one to plough her fields and now the plants are being grazed by the cattle – no one cares. The truth is she won't have anything to harvest from there. The government should also give pensions to the elderly as is happening in other countries like South Africa. Pensions go a long way in ensuring that the elderly live a better life. I am getting my pension and life is not that difficult (Rudo).*

The above findings are in line with studies by Schalz et al (2011: 6) and Khanal (2013: 3) which reveal that universal pensions are a relief to the elderly as the money provided by pensions reduces stress, improves health conditions and the well-being of adults and has put predictability into the lives of the poor elderly and their families. HAI (2006) posit that in South Africa universal pensions have reduced the number of people living below the poverty line by 5%. Therefore, with the provision of such facility in Chivi District, the participants hope that they would be guaranteed of dignified livelihoods.

However, in Zimbabwe legislation that was aimed at mitigating elderly women's plight was just policy in intend not in action. The study established that social welfare policies disregarded the constitution on the rights of the elderly and their well-being. For instance, Chapter 2: Clause 21 (b) mandates the government to provide facilities, food and social care for elderly persons who were in need. Clause 21 (c) urged the government to give elderly persons the opportunity to engage in productive activity suited to their abilities and consistent with their vocations and desires and 21 (d) stipulates that the government should foster social organisations aimed at improving the quality of life of elderly persons. However, this study clearly show the non-commitment of the Zimbabwean government to conform to laid down laws that address the plight of the elderly persons such as the 'Older Persons' Act'.

6.8 The economic activities done by participants to sustain their lives

The study confirmed that certain elderly women were still actively engaged in socio-economic and cultural activities to sustain their lives and even their dependents' lives. In

some cases, they had no choice due to circumstances such as poverty, caring for grandchildren who were orphans or who had been placed with them by their children. In other cases participants were found busy harvesting in their fields regardless of age, ranging from 65 to 93 years, proving that they had not disengaged from work activities.

Some of the participants engaged in strenuous activities as to sustain them economically.

> *I am now relying on catching and selling termites as well as selling firewood. If I sell a cup of termites I get US$1, the more the cups, the more the money that I get to buy basic necessities (Goho).*

Similarly, Goho, Mhere lamented: "*I sometimes join colleagues to catch some termites which I then sell to raise a bit of money"*. Besides selling such things as termites, participants survived on gathering wild fruits for sale such as amarula nuts.

> *We are the poorest of the poor in this village. You see the amarula stones over there? We crush them to get the nuts [shomhwe] inside and then sell; for every cup we get a dollar. That's the money I use to buy a few basic commodities as well as for the grinding mill (Saru).*

Termites and amarula nuts were seasonal and catching termites was not easy as they are collected from anthills using reeds which are inserted in holes. The catch depends on how the termites responded to the foreign body and their availability, meaning that to fill a cup may take considerable time. As the termites are removed from the reeds, they also fight their battle by biting their enemies' fingers in a bid to escape. Consequently, Goho and Tula had rough fingers from the bites. In addition, amarula stones had to be collected as they were not found at each homestead, for instance, at Saru's home there was no amarula tree. This meant she had to collect them from somewhere and in some cases they could be far away and they needed to be dried first before they were crushed. The process was also not easy as the nuts were crushed between two stones by holding the amarula nut with one's fingers and then with a stone held by another hand it is crushed to remove the hard pod. A miss could result in injuries as the crushing stone could land on one's fingers. The particular participant had some injuries from this activity.

As a result, selling termites and amarula nuts could not be reliable sources of income. Goho, Tula and Saru's revelations portrayed the dire situation of some elderly women in Chivi District who relied on selling things that are hard to come by. This also concur with selected cases reported in newspapers where an 82-year-old grandmother from Chivi District survived by exchanging termites and amarula fruits for food (Madhibha, Newsday 16 November 2013). Besides selling termites and amarula nuts, some participants were also engaged in very difficult money-generating activities such as moulding bricks, usually done by the young due to its strenuous nature.

> *Poverty has taught me to do a number of things. At some point I was moulding bricks and selling to people with building projects in the Growth Point. I stopped this venture because of the drought – I could no longer get enough water. I also have health problems due to old age (Tula).*

In a similar situation, Rugare, a 74-year-old elderly woman whose body shook all the time with some kind of affliction, was lying under a tree shade whilst instructing one of her grandchildren who was brewing beer [*ndari]* to sell. Rugare was intending to go to the city for medication after selling the beer despite her affliction.

In most cases those who were too old for such activities languished in poverty as they were not receiving social assistance. This was evidenced by a 90-year-old granny who narrated her tribulations:

> *I would live and sleep without eating anything. It was such a difficult time [referring to drought years]. Sometimes we would just survive on handouts from neighbours and also through begging (Tenda).*

Tenda appeared undernourished, had a persistent cough and she was not wearing warm clothes despite the cold weather. Most of the resources for the household came via her disabled son who relied on social assistance under the Disability Act. However, the food handouts he received were not enough for all the household members. According to FAO (2013: 6), this type of household can be classified as food-poor and labour constrained as there were no working children. The extent of poverty at this household was also evident in the poor infrastructure at the homestead. There were only two huts that housed ten people and

a shed was used as a kitchen. This household exemplified the poor living conditions of certain elderly women in Chivi District and that the absence of social assistance for elderly women exacerbates the situation. However, in these dreadful situations, the participants in Chivi District were denied social assistance, disregarding the global call for the eradication of poverty and hunger in all its forms everywhere in the sustainable development goals (SDG 1 and 2). Excluding elderly women from social assistance was a breach of human rights.

Although some of the participants have a difficult time to sustained themselves, it is also important to note that termites and amarula nuts are very rich in protein. The wares would enhance their health needs as the participants lived in an area with a high rate of food insecurity. In addition, selling beer was also a source of income and this showed that the participants were resourceful and could adapt to situations and most prudent was the fact that they would augment their merge incomes. This was an indication that the participants were not passive members of society but they were also assertive.

The participants were very much aware of their plight and wished to change their situation by engaging in self help projects, but some cited their poor economic status as a drawback. This was echoed in the following excerpt:

> *They should give me money to buy wool and knit jerseys and you will see! I tell you that's where my talent lies [she said showing off her knitting machine]. It's just that I do not have the money to buy the wool; I could be knitting jerseys and selling them. If ever I get money to start this project, my situation will change for the better (Sukutai).*

Sukutai was full of life as she was saying this, showing her eagerness to do what she was capable of doing if capital was at her disposal. Another participant was very positive about the benefits of self-help projects.

> *Projects will be good for us but we need start-up capital. With the terrible situation that we had the previous years due to severe droughts, projects were unimaginable. We once had cooperative gardens but for the past three years we could not do anything due to the droughts (Zivai).*

Another participant was optimistic that start-up capital would enhance her initiatives in doing projects as she was capable of engaging in many.

> *I am capable of doing so many projects; it's just that I do not have start-up capital. I can run a poultry project, grow vegetables or even rear goats. In some areas they have already started the goat project; I don't know why we were left behind. Goat rearing is easy, even the elderly can manage it (Tula).*

It was also established that some were already engaged in self-help projects. "*I have my chickens and goats. I sometimes sell them to get some money" (Ketai).* Chiduku also repoted the same activites: *"I rely much on my goats which I keep here. If the situation gets awful I always sell some".*

In addition, Rudo a pensioner explained how she was involved in work activities in the district:

> *The officers also look for me if there is any project because they know I have experience in project management. As for the Chaya project [Chaya is a type of shrub that contains nutritious leaves rich in iron], I am the focal person because of the expertise I have in growing it in Zambia (Rudo).*

The above revelations, especially from Rudo, showed that elderly women can also perform new roles that are beneficial to themselves and society. Putney et al (2005: 92) point out that elderly people appear to be disengaging from their social connections and activities after they have retired but many are not. Garner (2008) posits that elderly people can be valued, not only for who they have been but for who they are today. For example, Rudo was now a consultant in the management of 'Chaya' project in Chivi District thereby adding value in the communities. That is why the CFG perspective stresses that aging should be viewed from different lenses as elderly women can be assisted in finding new roles in society, and in so doing, emancipating them from dependency syndrome (Frexas et al 2012). However, new roles are contextual because what can be valued in one society is insignificant in another area. For example, goat rearing is not feasible in towns where many people rely on butcheries for their meat and formal employment for their income.

The elderly women's eagerness to do gainful projects, led to politicians and local MPs taking advantage of vulnerable groups, such as the elderly women, in their political campaigns during the 2013 elections. Projects introduced during campaign periods were superficial and subsequently dumped just after the elections. This is revealed in the following excerpts:

> *In 2013 there was poultry project that was introduced but it did not go far – the chicks could not grow, I think they were rejects [with a loud laugh]. Above all, we were just given the chicks, no feed! When we realised that they were not growing as expected, we slaughtered them because we were now incurring losses. Since then, we never had other projects from the government (Chiduku).*

The political gimmick was also condemned by another elderly woman.

> *In 2013, one MP gave us some broiler chicks when he was campaigning to be voted into power. He only gave us the chicks; no feed. We ended up slaughtering the birds, it was such a loss! They only come to flatter us during the election period. Whether they win or lose we never see them again [laughing] (Tula).*

In such situations as portrayed above, we can safely say the government and politicians lacked concern about the welfare of the elderly in Chivi District as they also exploited them during campaigns, leaving them vulnerable and in misery. In other words, there were no evidence of empowering projects or initiatives from the government that were aimed at emancipating elderly women from the lower echelons of society in Chivi District, especially in the study areas.

6.9 Elderly women are short-changed by other policies affecting their social life in Chivi District

It was established in this study that although elderly women in Chivi District were caregivers of orphans, grandchildren and relatives, they did not get the respect they deserved from those under their custody because of children's rights enshrined in 'Child Rights' Act. The Act has widened the conflicts between the aging participants and the young because of the generation gap between the two cohorts. This is revealed through the following reflections:

> *These rights are a problem because we cannot even give instructions to these children [referring to children's rights]. If you instruct them to do some work, they are quick to say its abuse! In the past, we used to listen to our parents and do all the work that we were instructed to do, but things have since changed because of these rights. This daughter of mine who is just bringing children here could not listen to anyone; she knew her rights! Whenever I tried to rebuke her for bad behaviour, she was quick to say I was trampling on her rights. She dressed in a way that attracted men, like a prostitute! I tried to talk to her but she could not listen; now I have to suffer with her children. No one knows where she is right now; I am the one to carry the burden of looking after the children (Saru).*

In the above scenario Saru perceived the rights of children as infringing on her rights since she had no choice but to look after her grandchildren. The following elderly woman emphasised the extent to which children's rights affected her social life.

> *Today's generation has no respect for the elderly at all. If you see the way they dress, that's when you see that things have changed. The girls wear tight clothes [demonstrating the tightness by pulling her dress tightly to her body exposing the curves of the body] and if you try to talk to them, they say they are enjoying their rights! That kind of dressing attracts men and they are impregnated. It is us, the elderly who do not have rights and yet when they give birth, they burden us with their children (Zvanyanya).*
>
> *It is only the young who have rights – we don't! Right now, if you spank a child, you will be in hot soup and the child can also report you and you suffer the consequences (Mhere).*

From the above sentiments it was evident that participants such as Saru, Zvanyanya and Mhere felt incapacitated to deal with the young generation that they house. The revelations showed that they were traumatised by their grandchildren's behaviour as they experienced it as a loss of longer control in many ways. As caregivers, the participants expected respect and loyalty from children and grandchildren. The participants' thought that legislation and policies protecting children's rights worked against them as guardians.

In Zvanyanya's view, girls and women should not wear tight-fitting clothes. But in the current trends in Zimbabwe, these are fashionable ways of dressing that may not provoke elderly persons who live in towns or other environments. This may be a result of the generational gap and exposure that affect some rural dwellers. However, the participants attributed this type of behaviour to the influence of the education system and child rights. In the same line of thought, Mba's (2006) and Sehmi's (2009) reports from their studies ascertained that there is a belief that education define the way children perceive the elderly, and subsequently the way they relate with their ageing parents and relatives.

This implies that the value systems brought by education and Christianity seemed to have degraded the roles and status of the elderly persons in their families. This created some misunderstanding between the young and the research participants.

> *Last month I was not feeling well and I asked one of my grandchildren to remain behind while others were going to school and help me out, but she refused, accusing me of violating her right to education. The teachers are the ones who are at the forefront of teaching our children these rights. If your child is absent from school just for one day, they make a follow up (Saru).*

From Saru's view education seemed to be short-changing them. Participants regarded children's rights as giving impetus to the erosion of the extended family fabric and the norm that children were raised by the whole community not an individual parent. This view is evident in the following excerpt:

> *Our children no longer listen to advice; they only respect their biological parents. I put all the blame on the 'rights' that they are being taught at school. These rights have destroyed our children. If you try to discipline them; they are quick to say its abuse. If the community over hear your child crying once or twice, they report you to the police. They accuse you of abusing the child, how then do you discipline them? It is worse if you are staying with orphans like me. You can't even discipline them; if you do, they say you are abusing us because you are not our biological parent. We are now just looking at them! (Zvanyanya).*

The participants hold the African view that, 'if you spare the rod you would spoil the child'. This is in contrast with modern day value systems that advance the notion that every human being has a right to life and must be free from abuse. For instance, in Zimbabwe there is a law banning corporal punishment in all institutions, not sparing the family as an institution. However, Mba (2006) and Sehmi (2009) believe that the current system may short-change both the youth and the elderly. They argue that the youth lose out on the wisdom and guidance they were supposed to gain through the life experiences of the elderly. On the other hand, the scholars observe that the elderly are deprived of the warmth of the family systems and the dignity they deserve. This reality was depicted in the above excerpts from the interviewed participants. The constrained relationships between the youth and the elderly are a result of the generation gap that needs to be managed by both actors.

6.10 Elderly women as caregivers in Chivi District

Elderly women in this study were often primary caregivers of grandchildren due to the disintegration of the extended family, cultural obligations and the HIV and AIDS pandemic that contributed to adult children dying prematurely. The table below illustrates the age and number of orphans under the care of each participant, reflecting the burden of caring roles they shouldered.

Table 6: Age and Dependents

Pseudonym	Age	Orphans and grandchildren
Shashara	83	2
Chiduku	65	1
Rugare	74	4
Zivai	65	0
Chopu	75	2
Revai	65	3
Mhere	78	4

Goho	93	2
Rita	67	1
Sara	66	1
Rudo	66	1
Saru	66	3
Tenda	90	0
Ruza	78	3
Sukutai	75	0
Ketai	81	2
Tula	65	2
Zvanyanya	74	4

There were various reasons for the three elderly women who did not live with dependants, for instance, Zivai had no children of her own and hence no grandchildren. Tenda was dependant on her adult son and Sukutai had given away her grandchild [whose parents were deceased] to an orphanage due to family disputes related to the child's upkeep. Zivai, Tenda and Sukutai's situations reveal experiences of struggle in the lives of some participants.

Besides the mentioned three, the other participants took care of their grandchildren as they believed that this was one of their social roles. That is why when Saru was probed on why she was not claiming maintenance from her daughter for the upkeep of the children, she pointed out:

> *There is nothing that I can do. I can't throw away my grandchildren because of poverty, the community will curse me. I will do my best and leave it to God to judge them.*

The sentiments showed how one's life course was embedded in cultural practices [macro-level] that are critical in African elderly women's lives as they shape their perception of reality (Bengtson 1997: 6; Wingens et al 2011: 12). According to Saru, claiming maintenance was a sign of rejecting her own "blood" and consequently she believed she would be cursed by the community. In other words, Saru found fulfilment in meeting her 'obligations'. According to her religious views, the importance of family social relationships is upheld by

the elderly persons. However, the issue was, they were not supported on the matter of maintenance, that is governed by the Maintenance Act Chapter 5: 09. Child maintenance is the legal obligation a parent has, to provide on-going financial or material support towards his or her child's everyday living costs, for example, food, shelter, schooling and clothing. Maintenance for a child is claimed on behalf of the child by either parent or by whoever is taking care of that child or children (Maintenance Act Chapter 5: 09). Therefore, by not claiming maintenance, Saru was portraying how certain policies in Zimbabwe were not known by some elderly women and not empowering elderly women in their caring tasks in the Chivi District.

The above findings are ot surprising since a WHO's (2002) study established that in Zimbabwe, 71, 8% of caregivers were above sixty years old and 74, 2% were females. This substantiates the assertion that aged women were more involved in the caring of orphans and grandchildren than men (HAI's 2005). Certain participants attributed this to HIV and AIDS pandemic and uncaring parents who leave their children in their custody. Saru and Zvanyanya revealed that they were staying with their grandchildren and orphans due to HIV and AIDS: "*We are taking care of them because their parents died of HIV and AIDS" (Zvanyanya).*

In cases where participants took care of orphans living with HIV, they were under-resourced and with little knowledge of the pandemic. In other words, some elderly women in the study areas have limited choices to construct their life outcomes due to caring roles imposed on them because of changing environments and interrelated events (Elder 1994: 6; Wingens et al 2011: 10). Furthermore, the policies have clustered vulnerable groups as if they have same challenges (Zimbabwe Intrim Poverty Reduction Strategy Paper [I-PRSP] 2016-2018: 14; Zim Asset 2013-2018). Instead, poverty reduction policies focus exclusively on younger adults, children and youth ignoring the plight of elderly women taking care of them as was also found in this study. What is worrying is that elderly women remain invisible in policies, but silently endure the huge task of caring for the orphans and grandchildren even though they do not have enough to feed themselves and those under their custody [as was observed in certain cases in this study].

Therefore, the poor living conditions of some of the participants were compounded by the continued caring roles they shouldered. The little they got from all sorts of money-making activities was seldom for their own consumption as they were heads of households. This supports Freixas et al's (2012: 44) point that socially constructed roles limit elderly women's meaningful existence in old age and that they spent more time augmenting their family resources with the little they have. This is because gender role socialisation throughout their life trajectories restricted them to the caring roles in their families (Ogwumike & Aboderin 2005: 8). This study confirmed these views as most of the participants carried the enormous burden of feeding, educating and looking after the health care needs of grandchildren in their custody.

From what has emerged from this study, those who regarded elderly women as a burden in society may be considered wrong and misinformed as it surfaced that the participants were themselves over burdened with responsibilities. Therefore, by excluding them from social protection schemes, the government was not adhering to the dictates of its own constitution. Chapter 4: Article 82 (c) on the rights of the elderly provides that people over the age of 70 years have the right to receive financial support by way of social security and welfare, but none of the participants was a beneficiary of public assistance. Chapter 2: Article 21 (2c) mandated the government to develop programmes to give elderly persons the opportunity to engage in productive activities suited to their abilities and consistent with their vocations and desires. Yet, not an iota of these initiatives was evident in the study areas and some of the elderly women in this study were struggling to make ends meet.

In reaction to such situations as the above, HAI (2013: 6) advocated for an approach where small capital is injected into households headed by elderly people in order for them to generate income and not to be wholly dependent. Similar sentiments were expressed above by the participants themselves who were pleading for help from the government for them to start meaningful projects which they can sustain.

In this study it was found that the prevailing economic environment in Zimbabwe may obstruct adult children from taking care of their aging parents, similar with other findings that

urban-rural remittances are not enough to meet the needs of the elderly people in rural areas (Kaseke 2003; Dhemba 2013; Dhemba & Dhemba 2015 Taruvinga & Simbarashe 2015). One of the participants explains the realities:

> *She [her daughter?] is doing her best. The problem is that she does not have a decent job. I think the part time jobs that she relies on are not easy to come by, as a result she sometimes takes long before sending anything home (Revai).*

However, some participants attributed their suffering to individualist tendencies prevailing in modern societies. This was revealed in the following excerpt:

> *It's modernization. Each person now cares about himself; no one cares about the other. You see those houses over there? They belong to my son and his family, but they do not help me at all. I go to the fields alone, no one comes to help. They expect me to pay them if they assist with the field work. If I call the community to help, only the elderly come. The youths do not even bother (Rita).*

Rita feels let down by her children as they were not addressing her needs when she had anticipated their help. Similar sentiments were raised in Apt's (2000: 5) study by elderly women who said by looking after their siblings they were paying their dues. But their turn for pay-off was impeded by social change. However, Rita's expectations were typically rural-based where communalism was more cherished.

Another elderly woman attributed individualist tendencies among the youth in the study areas to the development of Chivi Growth Point [CGP]. The growth point had become the haven of business activities that includes markets, formal and non-formal employment. Consequently, the youth spent most of their time there, leaving their elderly parents and relatives without the helping hand they needed. This was captured in the following:

> *I think it is the influence of the Growth Point which is close to us. Most of the time they are there loitering! [referring to her biological children]. Modernisation brought more harm than good to us. People are now too individualistic; no one cares about the person next door (Mhere).*

From Mhere's point of views, the youth will be just loitering at the business centre and they no longer assist their parents. Hence, she portrayed her children as ignoring and showing disrespect towards her, even if they stayed in the same vicinity. Mhere further elaborates that by saying:

> *If you want to have your fields ploughed on time, by your own adult children you should be prepared to pay. They don't care whether you have the money or not, this was never the case in the past. Long ago the elderly were respected and the family and community would make sure that their fields were ploughed on time.*

In agreement with Mhere's sentiments, another participant was also not happy with the behaviour of her own son and his wife. She explained how she was treated in the quotation below:

> *It is now a modern world, no one respects anyone! The village head is my child, but he doesn't help me at all. My other son is in that hut with his wife, they do not care about me either [they live at the same homestead]. When you arrived, I was busy washing the blankets, no one bothered to come and assist. I fetch water and do the entire household chores while my daughter-in-law is around. Is that respect for the elderly? They don't even assist me with the farming, that's why you see that I only planted a few crops around the homestead (Saru).*

The above scenarios, and those narrated by Rudo previously, explained how some participants portrayed the perceived negative effects of social change. Such perceptions support the general view in other studies that social change has altered the exchange behaviours between individuals of different ages as a result of the shift of roles, skills and resources (Putney et al 2005: 93). The conflict between Rita, Mhere and Saru and their adult children focused on roles and resources that they believed should be exchanged. In this case adult children demanded wages for the assistance rendered to their elderly parents while the parents felt that such exchanges should be governed by the norms and values of society as prescribed in the African adage that says: "Just as the older people helped you as you cut your teeth, so should you help them as they lose theirs" (Crampton 2013: 107). However, the perceived shift has, from the point of view of the participants, affected exchange relationships between the young

and the elderly. According to the research participants, young people were now following the dictates of modernisation that make people survive on wages and leading tointergenerational gaps.

From what has been established above, it was clear that in some of the participants' families, African tradition and culture had been compromised as children were not conscientiously playing their part. As portrayed by Saru in this study, these days the daughter-in-law [*muroora]* was unwilling to take responsibility of taking care of the in-laws. However, the relationship that was portrayed by Saru is contextual, because in rural areas some families live together and they interact almost on daily basis and the daughter-in-law is still expected to assist with the domestic duties. From the views obtained from this study we can posit that the extended family fabric should be viewed with a critical lens as it is no longer vibrant. However, amongst certain Africans there is still an assumption that the extended family is vibrant and can always serve as a safety net for the elderly women (HAI 2013; and Dhemba 2013: 10), but this study shows that this is not always the case.

In spite of their often lifelong unpaid caring roles, responsibilities and life dilemmas, the specific needs of the research participants were not addressed or acknowledged by influential people. Consequently, they remained destitute and manifests in poor health, substandard housing and food insecurity.

6.11 Intervention Programmes by the government and NGOS

In Chivi District during the study, there were running programmes introduced by the government and NGOs. These were meant to benefit vulnerable groups in communities such as the elderly women. The programmes to be discussed are as follows: the FFWP, CARE food aid, cash transfer [CT] and BEAM.

6.11.1 Food for Work programme

In Chivi District, FFWP was usually introduced during drought years as an intervention to reduce hunger and poverty. During the period of the study, it had been introduced in June 2016 to mitigate the devastating drought of the 2015 to 2017 farming season. This period

witnessed many people starving until the FFWP was introduced: "*If it were not for this programme, I would have starved to death" (Chiduku)* and:

> *The Government did well by introducing the Food for Work programme. If it were not for it, I would be dead by now [swearing]... I really thanked my ancestors when I was voted in (Chopu).*

The Food for Work programme was a dual programme where individuals were supposed to work first and then receive food. This finding concurs with earlier studies as reported by Kaseke (2003:1). In this programme beneficiaries received 50kg maize seed each month, the elderly women included. *"We work every Thursday and get 50kg of maize every month"* (Chiduku). This was because the DA had advocated for those who were physically fit to work, citing shortage of labour if all the elderly women were exempted from work.

> *When people are doing work under the Food for Work programme, those who are 65 years old are exempted but if they are physically fit they also work. We do this because if we exempt everyone, we will run short of labour. Some of the elderly are fit and active so they should also work for the food hand outs (DA).*

Working for food is in line with Cheng, Fung, Li, Li, Woo & Chi (2015) who stated that aging can be productive, meaning that the elderly women can be engaged in paid or unpaid work. Mapoma & Masaiti (2012: 113) share the same views; however, they stated that work should be tailored to suit the age group. This was different in Chivi District as elderly women who were included for the FFWP programmes were bunched together with the young during work activities, even those with walking problems as a result of arthritis. The work was not specifically suited for the elderly women as they also participated in lifting 90 to 100 kilograms of maize just like the youth, although it was done in pairs or small groups.

> *We are all treated the same. That's where the challenge is because some of us are old but we are expected to work like everyone else because we get the same share. If you see the bags of maize that we are made to lift, you will surely feel pity for us. Lifting and repacking 90 to 100kgs maize bags is not a joke. We then arrange them for distribution to the beneficiaries (Chopu*).

Another participant aired the same views:

> *All kinds of jobs: from repairing the roads to repacking maize. The challenge is that we have to lift the 90kg or 100kg bags of maize for repacking. We usually do it in groups but it is strenuous. We repack maize seed into 50kg that will be distributed to the people. I have a severe back pain because we lift heavy stuff. They don't even care that you are old, you just have to work! If we dare complain, we are told to go back home and have our names cancelled from the register. We end up forcing ourselves to work because we have no choice (Chiduku).*

The above revelations showed that the research participants were exposed to structural-abuse that encompassed emotional, psychological and physical during FFWP programmes and other programmes that were running during the time of study. Some of the abuses were a result of the work they were doing that was 'one size fit all', resulting in the elderly women doing harsh jobs such as lifting heavy things. During my interaction with the participants some could be observed limping and they had difficulties when sitting or standing up. Krug et al (2002: 126) posit that elder abuse results in unnecessary suffering, injury or pain, the loss of human rights and a decreased quality of life. Hence the FFWP, although classified as a relief programme, it caused harm to some of the participants.

According to Kaseke (2003: 1), social exclusion denotes a situation where some people benefit from a policy or a program whilst others, due to circumstances beyond their control, do not. This is against Article 22 in the Universal Declaration of Human Rights that stipulates that, "Everyone, as a member of society, has the right to social security ..." The exclusion of the participants is a bone of contention considering the fact that they were carers of orphans with their meagre resources which had plunged them in extreme poverty. In addition, the exclusion of participants such as Tenda, a 90-year-old elderly woman from the schemes, was inhuman. However, Chopu and Chiduku, although they were mistreated in the FFWP programme, soldiered on as opting out was not an option. They needed the grain to sustain their families as they were poor widows and family heads.

The revelations by Chopu and Chiduku exposed the feelings of helplessness that may cause trauma among some of the research participants (Krug, Dahlberg, Mercy, Zwi & Lozano 2002: 129). The feeling of helplessness may be attributed to gender stereotypes that have socialised them not to challenge the status quo, but to be submissive to those in authority. Consequently, they suffered discrimination because of this. With the FFWP the government showed that although food needs were acknowledged, there was not much regard for the welfare of elderly persons.

6.11.2 CARE food aid programme

CARE is a food aid programme that provided vulnerable groups, inclusive of the elderly women, with food stuffs every month: "*These days we are getting a bucket of sorghum, peas and cooking oil from CARE. This is really helping because we have been starving" (Ketai).* This was also confirmed by another participant: "*I am benefiting from the CARE programme. I get a bucket of sorghum, peas and cooking oil" (Sara).*

In this programme, food was given for free but not all participants were eligible because of the voting system [to be explained below]. Although the food aid was welcomed, the elderly women who were beneficiaries had difficulties in obtaining cash to go to the grinding meal. Furthermore, the programme ended before they harvested their crops so they were afraid that they would have a premature harvest. I witnessed this at one homestead when an elderly woman harvested sorghum in a bid to brew traditional beer [*ndari*] to sell in order to pay school fees for children under her care. This was not good for some of the participants who had poor yields.

In addition, some of the participants had only managed to cultivate very small acreages of land due to their deteriorating health and their fields were not prioritised, as explained by one participant:

> *During the farming season, my field was the last to be tilled; way after the young in the village had started farming... I had challenges weeding the fields; no one ever came to assist me (Mhere).*

Consequently, the poor yields produced by elderly women in the study areas failed to mitigate their plight as they harvested their crops prematurely because of hunger and also being afraid that their crops would be grazed, as was mentioned above by Rudo. This was also raised by others: *"Imagine I have already started harvesting my crop as soon as March, by the time others harvest I won't have anything in the fields" (Saru).* Therefore premature harvest would plunge them into more poverty as they would not have food to reach the next season.

Ending the CARE programme in March was not welcomed by most participants who were beneficiaries. They felt that ending the programme in March would place them in a vulnerable position since crops were only harvested in June or July. This was because some of the participants were so poor that they solely survived on agriculture produce. According to HAI (2013: 11), this shows lack of recognition of the specific needs of the elderly women and that of children under their care.

6.11.3 CARE cash transfer

CARE cash transfer [CCT] was donor funded and beneficiaries. inclusive of the elderly women, received US$50 every month even though the cash transfer was not consistent (Dhemba & Dhemba 2015). Here, it was reported that if they skipped a month, they would be given all their money in the subsequent month:

> *This money really assists me although it is not enough. The only challenge is that sometimes we do not get it on time. We get US$100 after two months and we really struggle when it is delayed like that (Zvanyanya).*

The inconsistencies had made the beneficiaries more vulnerable especially during drought as they had nothing to fall back on. It was found that the research participants were not clear when the support was going to end.

It was established that there was unfairness in the way the aid was executed in all the above programmes. The research participants agreed that beneficiaries were given the same quantities of foodstuffs or cash when it was a cash transfer. This disregarded the number of dependents one had:

> *The other challenge is that they do not consider the size of your family; we all get a flat figure of $US50 whether you have one child or five! I don't think it is good; some people will suffer while others enjoy. They should also consider the size of the family (Mhere).*
>
> *We all get 50 kgs. They are not even worried about the size of your family. I don't think it's a fair arrangement at all. In my case, I only stay with my grandchild and yet some people have a full house but we all get 50 kgs. By the time we get to the end of the month, others will be starving. I wish they considered the size of the family (Chiduku).*

The result was that some households continued to have inadequate food in their homes even if they were beneficiaries of aid, while others were comfortable. This meant social inequalities were perpetuated through these intervention programmes.

6.11.4 BEAM

The BEAM scheme paid school fees for orphans and vulnerable children who were in most cases under the care of elderly women. The fees were paid for both primary and secondary school going children (Chikova 2013: 2). This was supposed to be a relief to the participants in their caring roles, but it turned out to be discriminatory, to such an extent that it was not helpful to some of the participants. This was revealed in the following quotation:

> *BEAM exists only on paper my dear. The two who lost both parents are the ones who had been selected to benefit from the scheme but they are now insisting that you first pay the school fees and they reimburse later. The truth is we are the ones who pay the school fees for them because the government always says it does not have the money. Those with one surviving parent do not qualify for the scheme. As it is, I am responsible for the four of them (Rugare).*

Agreeing that BEAM was selective in paying fees and its inconsistencies, Sara pointed out that:

> *BEAM is paying school fees for children who lost both parents. You just have to work hard to raise school fees for these orphans. His mother remarried and her husband would not allow her to take care of a child from another marriage (Sara).*

In the scenario both women were victims of gender hierarchy, reflecting the interlocking oppressions that are levelled against women. This is evidenced by Sara's revelations that her former daughter-in-law was unable to take care of her own child because she had remarried. This portrayed typical oppression of women by men who have power over them by deciding what women should do and not do. The woman in this case is denied executing parental care because of marriage that had infringed on her rights as a mother. On the other hand, the grandmother was cornered to look after the child, despite her impoverished circumstances.

Furthermore, the participants revealed that not all orphans benefited from BEAM because not all of them were beneficiaries. Those who were supposed to benefit, that is, those with both biological parents deceased were also not benefiting as the government was in an economic comatose as argued by Dhemba & Dhemba (2015). This left the participants economically constrained and very poor. Sara's testimony revealed the insensitivity of the Zimbabwean government to the participants' plight as making them invisible in interventions and programmes propelled their marginalisation in society. This was because in most cases elderly women were treated as wards of other age groups such as children and disabled persons.

This showed the extent of insensitivity of policy makers and implementers to the welfare of elderly women. This may emanate from the fact that policy implementers kept their distance from what was actually on the ground such that they did not negotiate with poor people in mind, such as the research participants. The policy implementers ignored the fact that elderly women had no other source of income and they often survived solely on agricultural produce.

Another major aspect that came to the fore was that the intervention programmes were not empowering because they lacked sustainability. For example, government and NGO programmes had specific timeframes that were not always clear to the beneficiaries. In all the programmes discussed above, certain criteria were used to identify beneficiaries, but in most cases the criteria were flawed. Furthermore, some of the programmes had the unintended effects of leaving the elderly women in poor health. For instance, Chopu and Chiduku attributed their poor health to hard work they were doing in the FFWP.

When you arrived I could not even stand up because of back ache because we were lifting those heavy bags of maize. Even my hands are aching; I am in great pain (Chopu).

I have a severe back pain because we lift heavy stuff. They don't even care that you are old, you just have to work! (Chiduku).

6.12 Flawed criteria for selection of beneficiaries for food aid or cash transfers

The selection processes that were used to determine beneficiaries in all the above programmes were not part of government legislation, meaning that the systems were based on verbal agreement among the stakeholders, that is, government representatives, NGOs and communities. The study ascertained that the three criteria used in the district for each programme were heavily flawed to the disadvantage of the elderly women, more than any other intended cohort of beneficiaries.

6.12.1 The voting system

In order for an individual to benefit from programmes and interventions in Chivi District, beneficiaries were to be nominated by villagers through the voting system under the leadership of a village head or councillor:

People vote for you to be in the Food for Work programme. The village head calls for a meeting and people vote by show of their hands. If you are not voted in, tough luck. They don't consider age when voting, I was just lucky to be voted in (Chiduku).

People vote for each other and if you do not have people to vote you in, you will be left out. In my case, they will be saying I do not have any dependants since I am childless (Zivai).

However, from my observation some participants who were not beneficiaries in the programmes appeared very poor. The participants themselves were not happy with the voting system as it was discriminatory in their view. Chiduku associated her selection with luck, showing inconsistencies in the whole process. Zivai attributed her exclusion on her misfortune for failing to bear children, therefore her calamities were endless as the policy makers and

implementers failed to address such issues. Moreover, the VH could not nominate a beneficiary:

> *As the village head I also vote and I am not allowed to include names of those who are not voted in, even if I see the need. Only in extreme cases where I see that a family could starve to death, I am allowed to approach the Social Welfare Department and explain their situation. In such cases, the Department of Social Welfare does not just accept my plea. They come to assess the situation and determine whether the family should be included in the programme (VH1).*
>
> *There is nothing that I can do. The names that are only considered are those that appear in the register and are voted in by the villagers. Sometimes if I find that a certain family is starving, I plead with the Social Welfare Department to add their name to the beneficiaries list (VH2).*

The VHs' revealed the extent to which the voting system was flawed. It also validated the fact that traditional leaders had limitations in the way they executed their duties in the communities. In other words, VHs had no autonomy in making decisions and in some instances, this had negative effects on them and people under their leadership. Besides the flawed characteristics of the voting system; it seemed to be a new dimension that was transparent compared to Kaseke's (2003: 7) findings that for individuals to get assistance, councillors had to vet and recommend individuals for assistance. However, this voting system was still flawed as some vulnerable elderly women were easily left out. VH1 aired the following views in this regard:

> *There is a lot that is not in place. For example, some just follow others in raising their hands, some are not voted in, even if they deserve it, because of existing bad relations. Some are regarded as financially stable, for instance those who happen to have scotch-carts, vehicles or even well-built houses.*

The above showed that the voting system left a lot to be desired. This depicted the lack of concern of policy implementers that was shown earlier by the DA and the SWA in issues to do with the welfare of people in the district, particularly that of the participants. In the context of Zivai's exclusion it was the duty of the DA and the SWA to at least verify the authenticity

of the reliability of the voting system. When asked how beneficiaries of programmes were selected, the DA stated: "*They use the voting system whereby people vote in those who are in need of assistance and we adhere to that."* When I probed further on the authenticity of such a criterion, he laughed and said: *"We trust the councillors and village heads, so we stick to the registers."* From the DA's sentiments it was clear that he did not bother to verify the dependability of the registers. Therefore, it could not be expected that the DA represented elderly women's concerns to the government as he portrayed poor governance in the way the welfare issues were handled in Chivi District. It also reflected on poor implementation of programmes, hence elderly women's welfare cannot be transformed in the district.

Related to the voting system, the village heads, with the blessings of the DA, and SWA, used 'wealth ranking' to determine beneficiaries of programmes and interventions in Chivi District.

6.12.2 Assumed wealth

During the system of voting assumed wealth was under consideration, that is, the status of the household. Those who were assumed to be rich were sidelined by people. However, this perception was criticised by the participants, even those who were beneficiaries of the programmes. They cited mob influence when voting, and some individuals were just not popular with other villagers. It emerged that a number of elderly women in the study areas were not benefiting from programmes because they were considered to be self-sufficient as their homesteads were modern.

> *It is these houses which invite problems for me. They say with all these houses, I can never run short of food. You see the amount of jealousy is just unbelievable! (Rugare).*

Rugare also pointed out that:

> *My children in South Africa are just doing menial jobs, nothing much comes out of it. They only get enough to take care of their families. As you can see, each has their own homestead; do you think they would be able to take care of everyone?*

Another participant emphasised the unfairness of wealth ranking as a selection method:

> *I find it to be unfair to exclude someone from government programmes because of the statuses of their children or houses. People in the village are not aware that*

> *one might be in town but also failing to make ends meet. The unemployment rate is very high in this country but no one bothers to look at that, they just think I am rich. The car parked outside has invited trouble for me; they think I have everything (Shashara).*

In relation to the views of Rugare and Shashara, the SWA condemned the erroneous assumptions by villagers as the assets were acquired while the economy was still vibrant:

> *This is a challenge because some homes were built sometime back when the economy was good, but now we have a very poor economic environment. For instance, some homes were built by working children but now some of them are not employed, so they are failing to fend for their elderly parents and relatives but these homesteads are discriminated [assisting in them being discriminated again].*

With the economic meltdown in Zimbabwe, people's possessions do not guarantee their wellbeing. Therefore, by not verifying the legitimacy of the beneficiaries of food aid and cash transfers it was an act of negligence as the welfare administrator was fully aware of the flaws in the selection methods for one to benefit from the programmes. This cements the notion that policy implementers in Chivi District were very reluctant when it comes to the welfare of the elderly women.

6.12.3 Evidence-based critera

Evidence-based criterion refers to a system where donors verify for themselves the vulnerability of people in communities by carrying out surveys. For instance, in the study areas, officers from CARE went into the study areas and identified through interviews and observations those in need.

> *The officers from the CARE cash transfer [popularly known as 'Mundende' by the local people] came here assessing our situation. They asked questions on how we are surviving and who we are taking care of. I was then informed that I had qualified for the scheme and that I would be getting US$50 every month. I only received this money for one month and it ended there. I went to the village head to ask, but he also had no clue why my name was cancelled. I then went to the Social*

> *Welfare, but I left their offices very angry. My name had already been replaced by someone else. They said some members of the community had said I did not qualify to benefit from the programme because I have children who work in South Africa (Rugare).*

The above was echoed in the following excerpt:

> *The selection process for the cash plan is different from the others; we don't vote. They visited each household making their assessment, that's how I ended up on the list. I was very happy and I also got my US$50. The next month nothing came, I asked the village head, but he said he was not aware of the reasons behind this. Others then advised me to approach the social welfare office that is where I was told the truth – my fellow community members had made spirited efforts to have my name cancelled. The Social Welfare Officer even showed me the name of the community member who was at the forefront of all this. I was hurt; they removed my name and replaced it with this lazy youth (Shashara).*

This showed the flawed nature of the execution of the assistance despite the criterion used in identifying beneficiaries of programmes and interventions. In this case the evidence-based criterion failed the participants mainly because elderly women were not specifically targeted. In addition, the disbursements of the benefits were done through the social welfare office. This created loopholes whereby identified and deserving elderly women were removed and replaced by those recommended by some powerful and vocal villagers in a manner that echoed the voting system, especially in its flaws.

This showed how difficult it was to use the evidence-based criterion in Chivi District for the benefit of the elderly women as long as community members had the power to vet other villagers, especially elderly women who could be easily bullied and bullies could take advantage of the helpless elderly women in communities. It also emphasised the lack of professionalism in how CARE operated its programmes. If they were more professional, they would have had constant checkups on their programmes, rectifying irregularities such as those that were evident in Chivi District. Furthermore, the absence of statutory instruments that guide disbursement of food aid or cash transfers made implementation of programmes

problematic. Consequently, social inequalities among the elderly continued to exist and those who were left out were exposed to the risks of poverty.

The unclear guidelines on the implementation of programmes in Chivi District could easily become discriminatory and ageist. As a result, this fuelled and created disharmony in communities as the excluded felt shortchanged by their fellow villagers. Most painful was that the excluded elderly women were equally in need of the aid, but they were disadvantaged because of extraneous excuses. By denying them the social security measures such as FFWP and CT, the state and communities were denying them food security, essentially contradicting the Food Nutrition Programme [FNP] in Zimbabwe. Furthermore, the 2014 Zimbabwean Vulnerability Assessment Report on food insecure households shows that women and children are the most affected therefore it was imperative to ensure that these groups were covered in all interventions addressing food and nutrition insecurity.

Therefore, by not targeting the elderly women in programmes and interventions, the government of Zimbabwe and NGOs were denying the elderly women's right to social protection that has been cried for in notable international platforms that include the MIPAA, Toronto Declaration on the Global Prevention of Elder Abuse 2002, the African Union regional Policy Framework and Plan of Action on Ageing 2003 [AU-Plan] and a conference of the International Federation of Ageing held in 2006 and many subsequent conferences and conventions of which Zimbabwe is a signatory. Most importantly, this study established that there were no statutory instruments that were in place to guide the selection of beneficiaries of programmes or interventions in Zimbabwe particularly in Chivi District.

6.13 Conclusion

This chapter unravelled the poor implementation of welfare policies in Chivi District due to lack of involvement of beneficiaries in the formulation and implementation stages. The social protection systems in place in Chivi District such as social assistance, social insurance, interventions and programmes meant to alleviate the plight of the elderly women had challenges as they disregarded age, gender, class, social location and economic status of

elderly women. In addition, the lack of relevant legislation to guide policy resulted in discrimination, marginalisation and mistreatment of elderly women in the study areas. Moreover, the family support systems were no longer reliable as a result of unfavourable economic environment and social changes. The chapter exposed that the welfare of the research participants faced challenges that all stakeholders should confront if the livelihoods of the participants were to improve.

Chapter 7

Poor health conditions of elderly women in Chivi District

7.1 Introduction

This chapter focused on the challenges faced by the research participants in accessing health facilities. The participants in the study areas were still exposed to poor health conditions decades after independence. The emphasis is thus again on the navigation of individual journeys (life trajectories) within a specific historical and spatial context.

7.2 "Health for all" policy an illusion in the Chivi District

Historically, health policies in Zimbabwe were discriminatory along racial lines [see chapter 3] (Kaseke et al 1998: 22; Zhou & Zvoushe 2012: 215). However, at independence a health policy was introduced that was supposed to enhance the development of the primary health care model ensuring free access to basic health care. This model was appreciated for its principles of acceptability, affordability and appropriateness (Kumaranayake et al 2000: 359). However, despite the introduction of the model, Dhemba (2013) and Taruvinga & Simbarashe (2015) concurred that there was almost a total absence of a health delivery system, especially one that caters for the health needs of the elderly women in Zimbabwe. Moreover, health policies were skewed towards urban areas, similar to the colonial era when resource allocation and distribution followed racial and social class patterns (Zhou & Zvoushe 2012: 215). In this study the research participants experienced serious constraints such as the inaccessibility of health facilities and shortages of medication. For example, there was only one hospital and no clinics in the research areas. Therefore, the health of elderly women in rural areas and urban centres cannot be measured by the same yard stick. In fact, there is a need for the extension of the yardstick so that it embraces factors that inhibit the accessibility of health facilities in rural areas.

Furthermore, medication was not affordable due to the exorbitant prices charged for drugs by private health providers [see detail below]. This finding contradicts Clause 76 (2) of the Constitution of Zimbabwe stipulating that every person living with a chronic illness has the right to have access to basic healthcare services for the illness. In addition, Clause 82 (b) focuses on the rights of the elderly and provides that the elderly have the right to receive health care and medical assistance from the state. However, the clauses lack government's commitment to implement them, demonstrated in this study where the research participants were not able to exercise their right to access health facilities.

7.2.1 Shortage of medical supplies at the public hospital in Chivi District

The following excerpts indicated what the participants revealed about medication at the public hospital that was hard to come by:

> *I am no longer going to the hospital because there is no medication (Shashara).*
> *We only go to the hospital because we will be in pain. We are not given any medication and yet we would have walked long distances (Zvanyanya).*
> *I rarely go to the hospital because you hardly get medication (Chiduku).*
> *The problem is that even if we go to the hospital, there will be no medication.*
> *Most of the time we do not get any help… (Ruza).*
> *The other thing is that you never get medication, they ask you to buy from the pharmacy and yet they know that we cannot afford it (Tula).*

Confirming the statements by the participants, the SWA emphasised the shortage of medication at the public hospital: *There is not sufficient medicine in the hospitals.*

The above statements reflected the critical scarcity of medication in public hospitals in the Chivi District. From the revelations elderly women stayed in their homes as visiting the hospital was portrayed as a waste of time. This meant that some of the participants endured pain, even chronic in nature for some, without any help from the hospital. Consequently, the participants were exposed to more health risks. The shortage of drugs was not unique to Zimbabwe as it was observed that in many Sub-Saharan countries there was a serious shortage of medical supplies in public health institutions (HAI 2013: 27; Taruvinga & Simbarashe 2015: 194). For instance, Aboderin (2008: 10) reported that in Nigeria, basic

drugs for hypertension, diabetes or arthritis were mostly unavailable at public health centers. In response to the unavailability of drugs in public hospitals participants were referred to private health facilities, confirmed by the SWA: "*Because of the shortage of drugs, elderly women are referred to private general practitioners who operate at Chivi Growth Point.*"

Referrals to private general practitioners mentioned by the SWA were a mockery as elderly women in the study areas were extremely poor as reported above. Many participants had insufficient income to secure their daily nutritional needs, let alone their health needs. The health delivery system for the elderly in the study areas was almost non-existent. This was caused by the prevailing economic situation in Zimbabwe that hindered the functionality of some departments such as the health sector (Dhemba 2013: 17; Dhemba & Dhemba 2015). This was confirmed by one participant, a retired nurse, who attributed the shortage of medication in public hospitals to the trim budget allocated to the Ministry of Health by the government.

> *There is a real challenge with the availability of medication. I think the budget allocated to the Ministry of Health by the government is too small. Most of the time people get [only] a painkiller from the hospital as it does not have enough medication (Rudo).*

Rudo's view indicates the government's uncaring actions towards the health issues of people as it allocates insufficient funds to the health sector. When I inquired from the research participants if the medication they received from the public hospital was helpful, two participants said:

> *Not even. If it were of any help I would be healthy by now. You only get better for that time you are taking the medicine (Mhere).*
>
> *It gets better only for the days that you will be taking the medication. Once you finish the course, the pain starts again! [She said with a laugh]. It's not treatment that we get; they only reduce the pain for that time (Zvanyanya).*

Even in cases where medication was received, it was not curative as they experienced pain immediately after finishing the course. Such situations could expedite the onset of chronic diseases in the participants as reported by HAI (2013: 27) and Dhemba & Dhemba (2015)

who posited that chronic diseases are prominent for many women. This was evidenced by the participants who suffered from various chronic diseases such as arthritis, hypertension, neurological diseases, impaired hearing and poor eyesight. This might have been accelerated by the delay in treatment. Therefore, giving them painkillers was insensitive. For instance, some participants reported the following ailments:

> *My major challenges are arthritis and hypertension (Shashara).*
>
> *My legs and back ache. Last month I was bedridden because of the backache. Even up to now I am still struggling and this has been worsened by the work that we do in the fields (Rita).*
>
> *I have problems with my eyes. That's the reason why I visit the hospital. I once had eye surgery and there was a major improvement but now they are itching again and tears come out every time. You see all these black patches on my eyes, it's because I will be scratching (Goho).*
>
> *My whole body is aching. As you can see, I have palsy all over my body (Ruza).*

The chronic diseases that were reported did not require general care but thorough examination by specialists so that they could receive appropriate treatment. Furthermore, as they continued to endure the pain in their homes, some ended up being bedridden. There was little hope that the participants were going to recover from their ailments as there was no curative medicine at the public hospital. By looking at the ailments mentioned by the participants, it was a disservice to give them only painkillers as Rudo purported. Each disease was unique, hence required specific attention and treatment. From the revelations above we can conclude that the central government was not keeping its promises as a member to the CRPD as it was denying elderly women the right to health services as stipulated in Article 25 (b).

The poor health delivery system in Chivi District had promoted the thriving of private health providers as elderly women were referred to the private surgery and pharmacy that had become alternative health facilities.

7.2.2 The effects of private health facilities on the health of the elderly women in Chivi District

The introduction of private health services came as a result of government's resource constraints. Consequently, there was growth in the provision of private health services, ranging from small industry-owned clinics to large institutions (Kumaranaye et al 2000: 359; Zimbabwe National Health Accounts Report 2012: 9). This led to the relaxation of rules, allowing public employees to operate in the private sector. Chivi District then experienced the mushrooming of private health facilities at CGP.

In tandem with Kumaranaye et al (2000: 359) and Zimbabwe National Health Accounts Report (2012: 9), this study revealed that private health facilities had a negative impact on the public health delivery system as state-employed nurses and doctors entered private practice.

> *These surgeries are being operated by retirees or those who have resigned from the public health sector. There are also pharmacies owned by these people and the elderly are referred there to be treated or to buy medicine (SWA).*

The above was echoed by one village head who suspected corruption in the way referrals were done.

> *The surgery belongs to one doctor who used to work at the hospital. This is what makes people think that there are illegal dealings between the surgery and the hospital. Many people are not happy about what is happening but what can we do? This is what our country has come to be (VH 1).*

One participant claimed outright that there was corruption among health personnel at the public hospital and private health providers.

> *The pharmacy belongs to the Member of Parliament (MP), that's when you see that there is corruption taking place between the hospital personnel and these people (Revai).*

The owner of the surgery, who once worked at the hospital, had influence at the public hospital because nurses who referred patients once worked under his supervision. In addition, for political reasons the MP was a significant figure who could also influence public

institutions as the political environment in Zimbabwe was volatile. In this case, the cross-cutting vectors such as age, corruption and politics disadvantaged the participants who experienced cumulative oppressions throughout their life course. Neither the private service providers nor the health personnel at the public hospital in Chivi District were sympathetic to the elderly women as they had to fork out their hard-earned cash to access medical treatment at the private facilities that charged exorbitant fees. This was compounded by the fact that there was only one pharmacy at the growth point, therefore the owner was capitalising on that and patients had no other options. *Those who can afford would go to the surgery but we never tried going there because it is very expensive (Zivai).*

The participants reported that the consultation fee was a great obstacle as they were struggling to make ends meet.

> *At the surgery we are asked to pay US$20. Where would one get it from when you cannot even afford to put food on the table? [She says sadly]. You only see that no one cares about you, we live by the grace of God (Revai)*
>
> *The challenge is that you have to pay US$20. As for me, I cannot afford to go there unless there is someone who has sacrificed to pay for me (Mhere).*
>
> *Sometimes you are asked to go to the pharmacy when you are penniless. Imagine how much money you would need if you are asked to buy tablets that you have to take three times a day for a whole week, you just give up! If you see me going to the hospital I will be critically ill (Chiduku).*
>
> *When I went to the hospital, they gave me some eye drops and a prescription to buy the other medication from the pharmacy. The medication is very expensive, US$5! Where would I get that from? [She says with a laugh, pitying herself] (Goho).*

The interviewees agreed that medical treatment was too expensive for them. Kumaranayake et al (2000: 360) attributed such situations to the lack of regulations by government bodies resulting in private service providers exploiting this. Kumaranayake and associates felt that the government should enforce control and put regulations for both public and private

institutions. Failure to regulate the institutions had created more suffering for the poor especially the participants who could not meet their health expenses.

Agere (1990: 32) argues that health care in Zimbabwe was inaccessible as it was treated like a commodity offered at a price on the market and it was purchased like food. The situation still prevails decades later as evidenced by this study in Chivi District. Therefore, due to the poor buying power of the participants in Chivi District, they failed to access the prescribed drugs. For instance, Goho was one of the elderly women who survived on selling termites hence US$5 was an unreachable amount and buying drugs was impossible. Furthermore, the participants were excluded from the Assistance Medical Treatment Order [AMTO] a means-tested financial scheme by the government that pays for health bills of indigent persons (Chikova 2013: 2). Their exclusion was due to non-comprehensive policies or selection criteria as highlighted in chapter six. Consequently, most elderly women in the study areas were exposed to serious health risks.

The two village heads agreed that the medication was too expensive for most of the elderly women. These elderly women were the same who did not benefit from the public assistance and the social insurance as evidenced by this study. Moreover, they were not beneficiaries of the Older Persons' Act [2012] as benefits were not universal as applicants were subjected to means-tested selection (Dhemba & Dhemba 2015).

The limited treatment, if any, received by the participants was not prescribed by specialist doctors as there were no geriatric facilities in Chivi Disrict. This was also commented on by Dhemba & Dhemba (2015) who noted that in most African countries there were no facilities for geriatric patients forcing them to seek help from other countries. But due to the poor economic conditions of the participants seeking medical help from abroad would be a pipe dream. Although there were general practitioners at Chivi District public hospital, most of the participants were not privileged to be examined by the doctors; they were diagnosed by nurses at the public hospital.

The doctor is rarely available; you are only assisted by the nurses (Revai).

We are never attended to by the doctors, we only see the nurses (Rita).

You would only be referred to the doctor by a nurse when she sees it fit (Zivai).

The participant, who was a retired nurse, commented:

As far as I know, there are no experts in health problems facing the elderly. As a result, they just get general care. There are specialists in child care, gynaecologists, eye specialists and many other diseases but there are no specialists for the elderly. Those who have money get this specialist service out of the country (Rudo).

The above comments confirmed that in the study areas the participants were not given the attention they deserved pertaining to their health as there were not even general practioners who examined them, let alone doctors specialising in geriatrics. This means the participants were not getting the specialised services dedicated to the medical, social and functional problems associated with aging (Wilson & Nhiwatiwa 1992: 14; Dhemba & Dhemba 2015). The general care system that was in place failed to ameliorate the poor health conditions of the participants. Therefore, the problems of the participants were interconnected as they found themselves neglected by their communities and the state in both bread-and-butter issues and their health conditions.

It emerged that to be examined by a general practitioner one must visit the private health facility at the GP.

If I need the doctor's services I visit the surgery at the growth point (Shashara).

If you want the doctor's services, *you go to the surgery and I cannot afford that. It is expensive (Chopu).*

The study established that for both the consultation and treatment some of the participants were referred to private health facilities. Furthermore, referrals were suspicious as respondents associated them with corruption as nurses gave patients half the prescribed course and referred them to the pharmacy.

Sometimes you are only given enough medication for half of the prescribed days and you are told to buy the rest from the pharmacy, that's fraud! (Revai).

When the SWA was asked about his perception on the referrals made at the public hospital to the elderly women to consult the private health facilities the SWA responded:

> *Ummm we cannot rule out the issue of corrupt deals between the hospital and the surgery or pharmacy operators. You would find that the elderly women are the ones with most ailments so they are forced to visit these health facilities. This is not good because most of them are poor so they end up enduring their poor health conditions at home.*

However, according to some participants the private health facilities, although expensive, provide better services compared to the public hospital in terms of the availability of medication and care services.

> *I find it better to go straight to the surgery than waste my time going to the public hospital where I know I will get nothing (Shashara).*
>
> *In most cases if you get sick and you have your money, you go to the surgery where there is easy access to the doctor. At the surgery you get better service because you can even get an injection (Mhere).*

Although they were poor, some elderly women prioritised consulting a doctor for them to continue living. The elderly women were able to make comparisons and they preferred private health facilities where they received better services compared to public hospitals. In line with Dhemba (2013) I have also the view that, to ameliorate the health conditions of the elderly persons, their rights to health facilities should be strengthened in the Older Persons' Act. Because of poor implementation of the Act on the health of the elderly persons, elderly women in Chivi District were exposed to poor health. This was attributable to the lack of comprehensive health policies which are sensitive to age, gender and race, ethnicity and geographical location. Therefore, if the health of the elderly was not prioritised in Zimbabwe, the policy of Equity in Health would be just a dream (Zimbabwe Human Development Report 2003: 13; Zhou & Zvoushe 2012: 215).

Due to the challenges discussed above a good number of participants were reluctant to visit either the public hospital or private health facilities even if they were not feeling well. As a result, I asked how they dealt with pain in the absence of medical help. Some recounted that they used herbs that were suggested by their neighbours and relatives:

> *Most of the time, I resort to the use of herbs. I only use those herbs that I know to relieve pain when I have a problem especially stomach ache. The advantage of using herbs is that they are for free. You don't trouble yourself looking for money (Chopu).*
>
> *If I get a herb I just chew it and sometimes feel better (Tenda).*
>
> *I look for herbs that I am told by other villagers. The good thing about herbs is that you do not have to pay and some of them are very effective (Tula).*

Herbs were found to be cheaper and easily available although some of them were not scientifically tested. The use of herbs as an alternative showed how the indigenous knowledge systems were utilised by some of the participants to ease their health problems. Furthermore, the revelations point to the fact that the health sector was neglecting the health issues of its senior citizens as health provisions were restricted. Therefore, the elderly's health issues were influenced by culture and traditions, socio-economic background and educational level. This also showed that they had power and control over their health conditions as they had their own means of survival. The above excerpts substantiate Yazan (2015: 138) propositions that knowledge is socially constructed and emerging from people's social practices.

However, it was established that elderly women who were HIV positive in Chivi District received their medical provisions consistently and also got counselling sessions with every visit. In Murevesi and Muzvidziwa villages VHWs focused more on HIV positive patients paying little attention to other villagers such as the elderly women:

> *From what I observed, the VHW normally visits people like us who are HIV positive to monitor our adherence to medication (Zivai).*

Another HIV positive respondent emphasised the availability of ARVs and the attention they got from the VHW:

> *I am living with HIV and every three months I get my supplies as well as a routine check on my viral load. They never run short of ARVs and we get them for free. We are encouraged to collect them on time and we also receive counselling as we are taught about health issues (Revai).*

The above suggests that the stigma that was previously attached to HIV positive people in Zimbabwe, especially in rural areas, was slowly fading away as the participants volunteered to disclose their HIV status. I noticed that the infected were not shy to discuss their health status and they appreciated the assistance they got from the hospital and VHWs. This was a positive aspect of the health issues of Zimbabweans as some elderly women were conscious about their HIV status. It also showed that certain health needs are prioritised, probably due to international pressure and monitoring whilst other health issues, especially those of elderly women, were neglected. The above revelations are evidence that some elderly women in communal areas in Chivi District live positively hence they may live longer. It was seen that antiretroviral drugs were easily accessible to HIV patients. A related issue that was critical for good primary health care, as established by the study, was the availability of VHWs. However, in Chivi District, the VHWs were very few. Moreover, their duties were not appreciated by many people, including the participants as will be shown next.

7.2.3 Shortages of village health workers in Chivi District

Good primary health care system is determined by the availability of VHWs in an area. These are the people who are on the ground because they are located in the villages. The shortage of VHWs was established in the study. The SWA commented on the issue in the following excerpt:

> *VHWs are supposed to work with villagers in terms of health issues or general cleanliness in the communities. In the villages they call them vana utsanana [people concerned with smart environments]. They also recommend those who cannot access health facilities because of financial problems to this office so that we give them referral letters for free treatment at the clinic or hospital. The truth is we do not have enough manpower so doing their job is difficult as there is only one village health worker in each village (SWA).*
>
> *We only have one village health worker in this village who is primarily responsible for the needs of those living with HIV and AIDS. The village health worker constantly visits them offering counselling services where necessary and also educating them about their condition. She also visits those who are suspected*

> *to be HIV positive, encouraging them to get tested at the hospital. She doesn't really care about the rest (VH 1).*

The shortage of VHWs in communities had a disastrous outcome to the health of vulnerable people as they should disseminate information on health issues in the villages. According to the Zimbabwe Patients' Charter objective, it was vital to provide information to equip clients to make informed decisions about their health thereby promoting self-care (Mapanga & Mapanga 2000: 3). The Zimbabwe Patients' Charter enhances active client participation in health as it paves the way for a relationship between clients and healthcare providers in Zimbabwe. For instance, some participants avoided visiting hospitals because they were not aware that they did not have to pay user fees or pay for drugs if they were available at public hospitals because of their chronological age. "*I was made to pay US$6; I cannot afford to go back if I am expected to pay the same amount, so I choose to stay at home" (Sara).*

After I told her that now she was a senior citizen who had the right to have free health provisions, she was surprised:

> *I am not aware of that. What you are saying is news to me! [She looked happy]. That was the reason why I was not going to the hospital – the fear of being admitted and being asked to pay some money (Sara).*

Another participant had similar fears:

> *When I last went to the hospital I was asked to pay US$6 which I did not have and I never bothered to go back (Saru).*

When I told Saru that she was eligible for free treatment at the public hospital she was amazed:

> *Is that so? [She said in shock]. Are you sure about this? I didn't even know that I could now be treated for free. Maybe I could have qualified to be treated for free some time ago [Showing me her identity card] (Saru).*

Both participants looked happy when I told them that they were now eligible for free treatment at any public clinic or hospital. Informing them of their rights is in line with the belief that research should be transformative, that is, one should not only seek knowledge in research, but must also transform people's lives (Romm 2016: 2). By knowing that they were

eligible to free health, Sara and Saru would start visiting the public hospital thereby changing their quality of health.

From the findings it was clear that the participants were not all aware that they were supposed to get treatment for free, meaning they were not aware of health policies as there were no proper mechanisms for information dissemination. According to Kaseke (1988: 15), for social security systems to work effectively, there should be robust information dissemination to potential beneficiaries. This means in Chivi District information dissemination to the elderly women on issues of their health was null and void. This was compounded by their location and level of education. These findings confirm Dhemba (2013: 11) and Zamasiya, Muchinako & Dziro's (2013: 47) findings that in Zimbabwe information dissemination was so poor that some beneficiaries were not aware of policies pertaining to them, especially those who lived in rural areas.

Poor information dissemination as pointed out by Dhemba (2013: 13) can be an advantage to the state as it tries to minimise the number of beneficiaries by tightening eligibility conditions. However, this was detrimental to health conditions of elderly women. This was echoed by Taruvinga & Simbarashe's (2015: 198) findings that elderly people suffered more from ailments due to health illiteracy. This proved the significance of an efficient public health system. The VHWs are part of that system that should be responsible of cascading information on the health issues of residents; therefore being inadequate caused the above challenges. Moreover, by not visiting the elderly women, VHWs were failing the elderly's health needs, especially those who were bedridden and not receiving medical care since they could neither access health facilities nor afford medical treatment.

Besides visiting those who were HIV positive, the VHWs sometimes attended to those who were critically ill.

> *Yes, we have a village health worker but she only visits those who are critically ill and give them painkillers if they are available. She also refers those who cannot afford hospital fees to the Social Welfare Offices to get letters that enable them to be treated at the public hospital (Revai).*

The above was confirmed by one of the village heads.

> *It is only when someone gets critically ill that she writes a letter to the Social Welfare offices so that a referral letter is written to the hospital. She does not have any medication except for painkillers (VH 2).*

But other participants felt that the VHWs were not useful.

> *Yes, we have a village health worker but she is useless. I used to send my grandchildren to get painkillers and I would get the same type every time. It doesn't help at all. You will just be troubling the children (Ruza).*
>
> *Yes we have one VHW but l don't really see the role she is playing. Sometimes you just see that it's a waste of time going there. She is also mainly concerned about the welfare of children. The elderly are not even on her priority list (VH 2).*

The VHWs were not necessarily efficient and their duties were restricted to just a few villagers, elderly women excluded. Consequently, health conditions of many vulnerable people, including the participants remained unattended. It was also confirmed that the elderly women were almost invisible in errands made by the VHWs revealing the matrix embedded in the health care system in Zimbabwe particularly in Chivi District. This was established in the following excerpts.

> *Yes, there is a village health worker but she has never visited me; I have never heard of her visiting other elderly people either (Mhere).*
>
> *I doubt that because I have never seen her visiting the elderly in the village. I have never heard of any meetings either (Zivai).*

Apart from the VHWs being overwhelmed with work, they were not supplied with basic medicines since clinics did not have sufficient stock of their own (Wyatt et al 2010). This could be compounded by the fact that there were no accurate demographic statistics of the elderly particularly women in Chivi District as established earlier. This according to the Zimbabwe Health Sector Investment Case (2010-2012) impedes social work practice. Besides, the VHWs, another prerequisite in the health sector that determined the good health conditions of people in communities was the presence of Environmental Health Technicians [EHTs], but they were not present in the study areas. The EHTs enforce health environments that constitute ablution facilities. Probably, due to their absence there were no ablution

facilities at most households in the study areas. This implied that villagers, inclusive of elderly women at those particular homesteads used "bush toilets" which were not hygienic. These were some of the effects of the absence of EHTs as it was their core business to see to it that every household had ablution facilities (Zimbabwe Health Sector Investment Case 2010-2012). I also observed the extent to which the health of the participants was at stake as most of the water sources were not protected, posing a health hazard in communities from outbreaks of diseases such as diarrhoea, cholera and typhoid.

Besides the above health challenges, Nyikahadzoi et al (2013: 46) posit that the health of the elderly encompasses such variables as dietary provisions. However, it was observed that most interviewed elderly women were undernourished. In the next section I look at the nutritious status of the elderly women in Chivi District.

7.2.4 Linking food insecurity to the health conditions of elderly women in Chivi District

The elderly women in Chivi District were suffering from different ailments that are exacerbated by lack of nutritious food. Ogwumike & Aboderin (2005: 10) stated that diminished physical capacity in old age was often related to poor nutrition. It was established that there was food insecurity in the study areas as Chivi District was prone to droughts as stated in Chapter 5. The participants indicated that the foods they consumed were not nutritious enough to combat a variety of diseases they suffered from as they lacked adequate intake of protein, vitamins and mineral salts that were vital for maintaining good health and functional capacity in old age (Ogwumike & Aboderin 2005: 10). An HIV positive participant pointed out that:

> *I cannot even afford nutritious food. Look how pale I am, my situation is bad. I can only afford to get enough food for survival. If you look at me, I have the potential to grow big but here I am thin because of lack of nutritious food. I can even see that my health is deteriorating, death awaits (Revai).*
>
> *We need a balanced diet; can we survive on sadza [thick porridge] only? Sometimes if we don't have money for the grinding mill we just boil the maize seed and eat that [there was a pot full of green mealies on the fire place]. At least*

> *this time we have different crops from the fields but what will happen towards the end of year? (Ruza).*

An elderly woman who had been diagnosed with diabetes and hypertension had no hope from recovering from the ailments as she could not afford the recommended foods by the hospital.

> *[She laughs] They said I should eat eggs, vegetables, fruits, and a variety of meat and basically everything that is healthy. This diet was prescribed last year but up to this day I could not even afford an egg. I do not have money to buy the food; especially the past three years were very tough because of the drought. I am struggling to get the basic food and cannot afford the luxuries that they recommended. The idea of a healthy diet remains a dream to me, but this year seems better since we have good harvests (Sukutai).*

This was compounded by the distances from the service centre where fresh food was readily available. This study concurred with other studies that the dietary intake of many elderly rural women consists of cheap starchy foods, especially *sadza* [their staple food]. Sukutai stated that even eggs were hard to come by. This reflected the extent of poverty some of the participants found themselves in. FAO (2013: 6) referred to this situation as food-poor meaning living below the poverty line and unable to meet most urgent basic needs. This was confirmed by a 90-year-old participant, who was extremely poor and lived in Murevesi village, saying: *I would live and sleep without eating anything. Sometimes we would just survive on hand-outs from neighbours and also begging (Tenda).*

Due to poor health, I observed weak, cracked and undernourished bodies. For instance, Tenda coughed and mucus oozed from her nose throughout the interview. There was also overwhelming evidence that she was undernourished. Consequently, the poor health conditions of the elderly women increase disease frequency and exacerbate existing health complications (Nyikahadzoi et al 2013: 46). These observations correspond with the five-year trend analysis of the 2014 Zimbabwe Vulnerability Assessment Report which showed a number of food-insecure households with women and children most affected. It was therefore recommended by other studies that it was important to ensure that women and children are covered in all interventions aimed at addressing food and nutrition insecurity (Food and Nutrition Security: Zimbabwe United Nations Development Assistance Framework 2012).

However, in Chivi District the above recommendation was ignored as the government and NGOs had no food programmes focusing on the health of the elderly so as to increase their income above the food poverty line.

The above situation contradicts the Food Security Policy (2012) stipulating that "The government of Zimbabwe was committed to ensuring nutrition security for all through the implementation of evidence-based nutrition interventions that are integrated within a broad public health framework including health services, water and sanitation". Additionally, the food and nutrition security policy was in line with SDG 2 that persuades nations to end hunger, achieve food security and improve nutrition and promote sustainable agriculture. However, Zimbabwe was not achieving this goal as most of the participants lived on poor and overused soil and were not entitled to agricultural input support such as access to seed and fertilizer as descibed in chapter 6. By not facilitating favourable conditions for good health of the elderly women, the government was also contradicting the Universal Declaration of Human Rights [UDHR] article 25 which states that, "Everyone has the right to a standard of living adequate for the health and well-being of himself and herself and his family, clothing, housing and medical care and necessary social services". However, the legislative clauses, just like the SDG 3 that provides that, states should ensure healthy lives and promote wellbeing for all at all ages are silent on the healthy issues of the elderly particularly women.

Although some of the research participants were ailing, it was noted that they could do some of the ADLs and IADLs on their own. For instance, Tenda a 90-year-old grandmother was found doing her laundry at the well when I first arrived and I had to follow her. The dress she had washed showed its bright colours meaning that it was thoroughly done. I also found Goho, a 93-year- old elderly woman, preparing lunch in the homestead she shared with her married son. This showed that she could still do the domestic chores at her advanced age. In addition, most participants were observed doing the ADL such as cooking, washing, feeding, fetching water and others were harvesting. For instance, Zivai, Chopu, Mhere, Sukutai and Rita were found preparing different dishes for lunch and other domestic chores at their homesteads:

I also prepare some relish. Sometimes I also brew traditional beer (Mhere).

> *When you arrived, I was busy washing the blankets, I also fetch water and do all the household chores (Saru).*

Some of the participants were found harvesting:

> *You see all those crops outside; I carried them from the fields over my head except for the maize cobs which were carried by the scotch cart. I harvested all the ground nuts there (Rita).*
>
> *At least it's better now because I can pluck my groundnuts while at home (Mhere).*

Some participants were thus in better health and hence able to perform ADLs and IADLs, although many required help with such tasks due to the poor infrastructure.

Another critical factor that obstructed the accessibility of health facilities by the participants was the unavailability of public transport, another result of the poor infrastructure. The following section discusses transport problems that were faced by elderly women in the study areas.

7.2.5 Lack of public transport to ferry elderly women to the health institutions

The participants were in a radius of between three and nine kilometres from the GP that housed health facilities. It was found that many research participants who suffered from various ailments were finding it difficult to access health service providers. This was because in Chivi District the road network was poor as there were no tarred or gravel roads to connect the villages to the service centre. The villages were in bushy areas and foot paths lead to the GP. The terrain was difficult to navigate and during the rainy season the ground was slippery so that people had to move with care. However, some of the participants had difficulties in walking, for example dragging their feet due to arthritis, so moving with care was nearly impossible. The distances and lack of public transport resulted in the inaccessibility of health facilities for many elderly women in Chivi District. In most cases they were ferried to the hospital in wheelbarrows and scotch carts that were not comfortable [see Figure 5 in Chapter 5].

They sometimes carry me to the hospital using a scotch cart when I get really sick; however, I come back feeling worse (Ruza).

There is no transport to get us there because the road is bad. If you get really sick, you will never be able to cover the distance on foot. Most of the times we hire scotch carts and it costs money. This is the reason why I sometimes end up staying at home even if I am sick (Sukutai).

We walk long distances [she lives about 8 km from the GP]. In most cases you come back in more pain [she laughed] (Zvanyanya).

These participants were very old and to walk such long distances, especially during the night and the rainy season, was an almost impossible task. The village heads agreed that elderly women failed to access the public hospital due to poor road networks and public transport. The inability to walk long distances reflects the diminishing capacity of elderly persons to perform tasks necessary to live independently in the community (Graf 2007: 59).

Visiting the hospital in itself is a tall order. Most of them can no longer walk long distances hence getting to the hospital is a challenge. Sometimes they use wheel barrows and scotch carts to get to the hospital because of the distance. Those who can afford hire vehicles but they are just a few (VH 1).

It really gets bad if one gets sick at night; our roads are in a bad state making it difficult to travel in the dark. Last month we nearly lost one elderly woman who was rushed to the hospital at the last minute in the middle of the night (VH2).

The revelations above confirm that the research participants had a raw deal when accessing the hospital due to lack of transport and poor road networks. Consequently, the research participants established that they were not keen to visit the hospital because of the challenges. The modes of transport used by some of the participants were not user friendly especially during the night and rainy season as illustrated in chapter 5. From the excerpts above it is clear that the participants were in desperation and some care providers had compassion with their relatives as they went out of their way in extending their help.

Hiring of transport as was highlighted by VH1 was not an option as a result of the participants' poor economic status. Therefore, as long as there were poor road networks in the study areas and the economic status of the participants did not improve; accessing health facilities remains a nightmare. This concurs with HAI (2013: 28) and Taruvinga & Simbarashe (2015: 200) who observed that there was a nexus between distance and utilisation of health care services and this impacted badly on the health of the participants.

Due to transport problems and financial constraints, it had been established that the participants only sought medical help when they were very ill, meaning that in most cases they endured pain whilst at home. Using scotch carts and wheel barrows could make their conditions worse as the roads were bad and not easy to navigate. Consequently, they did not go regularly for medical checkups.

> *The hospital is very far, close to the Growth Point. When I get sick, I have no option but to walk there if I can. I however visited the hospital a long time ago (Saru).*
>
> *I will just be troubling people for nothing. The hospital is far away and it means people will have to push me in a wheel barrow. These challenges are typical of old age; I will be troubling my son [who is disabled] (Tenda).*

However, avoiding frequent checkups because of transport problems was a risk factor to their health as age sets in with multiple diseases and health conditions that may degenerate into chronic diseases (Joubert & Bradshaw 2005; Dhemba & Dhemba 2015).

7.3 Attitudes of health personnel towards elderly women in Chivi District

It was found that some of the health personnel at the public hospital in Chivi District had ageist and negative attitudes towards the participants as they were reported to scoff at them. Consequently, the participants seeking medical treatment did not receive the attention they deserved, for instance, they spent more time in queues and in some cases they were verbally abused by health care workers. In this study some participants reported that they were not given prompt service as they followed queues like everybody else.

> *I follow the queue, jumping the queue is not tolerated regardless of your age. If you want quick service, you have to be there very early in the morning (Shashara).*
>
> *The major challenge is the attitude of the hospital personnel. They don't care about the elderly and we are made to follow the queue together with the young. If you are lucky to meet the cultured ones [those who were socialised in the norms and values of African culture], that's when you get better service (Chiduku).*
>
> *If you don't wake up very early, you spend the whole day there. The youths who can wake up early are the ones who will be leading the queue; they don't even care about the elderly (Mhere).*
>
> *You just follow the queue like everyone else. I will just be sleeping by the veranda or under a tree. The person accompanying me will be the one to follow the queue, until my turn comes (Rugare).*

The senior citizens' rights legislation in Zimbabwe clearly stipulates that those who were above 60 years should not queue in any government institution such as clinics, hospitals or banks. However, elderly women in this study never enjoyed their rights. Even those who were very frail or sick did not receive prompt service as portrayed above.

The SWA also stated that even the health personnel that were aware of the senior citizen's rights that allowed elderly women to jump queues, ignored them:

> *Those who are aware take advantage of the ignorance of the elderly, especially women who frequent the clinics. This is because there is no law enforcement and very few people, especially in rural areas, know about the rights of the elderly.*

The above are clear testimonies of ageism among certain health personnel at Chivi District public hospital. Rugare's sentiments pointed to the fact that those without people who accompany them may suffer more in the queues or may die in their homes. This provides support to Dhemba & Dhemba's (2015) claim that ageism is rife in most African countries. Making the elderly women wait in queues is a sign of ageism and discrimination. The views of the participants revealed that both men and women face age discrimination, but women

face the cumulative effects of gender discrimination throughout their lives, including less access to health (Tran 2012).

Furthermore, elderly women were subjected to psychological, institutional and emotional abuse. In the study areas elderly women were mistreated and this was not reported due to the lack of knowledge of elderly people's rights and social services to deal with elder abuse. According to UNECE (2013) elder abuse is under reported by as much as 80%. For instance, there was evidence of institutional abuse in Chivi District as some participants reported that they were mistreated at the public hospital:

> *The nurses can decide to be cruel as well [she started laughing]. One nurse once said to me; "Why do you want to be treated? You should just accept that you are old and stop competing with the young ones for medication". What the nurse said on this day really pained me and since then I have never gone back to the hospital (Tula).*

The nurse in the above scenario was clearly very rude and unprofessional. Her statements were ageist and caused emotional pain to the elderly woman. This was further evidenced by the reaction of the participant who stopped going to the hospital even if she was sick and had opted to use only herbs. Such attitudes as those of the above-mentioned nurse was also in UNECA's (2007: 73) findings where the attitude of health personnel is so negative that older people prefer to die rather than go to the nearest clinics. However, up to now there is no literature in Zimbabwe specifically focusing on elder abuse in institutions. But this study had found that the participants were often told that they were wasting drugs for the younger people as they were not ill but were just old. This was tantamount to abuse and according to National Centre for the Protection of Older Persons [NCPOP] (2012) this was bound to increase as the number of elderly persons continues to rise the world over. In failing to respect and accord the elderly the attention they deserved, the institutions were committing a crime.

In Zimbabwe elder abuse was not explicitly mentioned in statutory instruments that represent the interests of the elderly such as the 'Older Persons' Act' or the constitution as it was in other statutory instruments that represented vulnerable groups such as orphans and children. For instance, in the Child Right Convention [CRC] of 1990; African Charter on the Rights

and Welfare of the Child [ACRWC] of 1995 and National Action Plan for Orphans and Vulnerable Children [NAPOVC] 2004-2010 it was unequivocally spelt out that children needed to be protected from abuse, neglect and maltreatment. Therefore, the silence on elder abuse in the statutory instruments in Zimbabwe had further exposed elderly women to institutional abuse particularly in the study areas.

7.4 Social inequalities exhibited by nurses when treating elderly women at public hospital in Chivi District

Research participants were treated differently at the public hospital in Chivi District based on factors such as friendship or being acquainted in some way:

> *I do not face challenges at all at the hospital because the nurses are my neighbours here in the Growth Point so they give me preferential treatment (Revai).*
>
> *As for me, I am given preference at the hospital because of my previous job as a nurse (Rudo).*
>
> *[Smiling] I am treated like a queen at the hospital. Everyone is happy to see me there and they call me 'Miss Special'. Some people are even jealous of the treatment that I get at the hospital because I do not even spend a long time there; I am treated as soon as I get there. I am sure to get all the medication I need and whenever they say there is no medication, I know it's the truth. My only challenge is transport to get to the hospital (Sukati).*

The above excerpts reveal that social inequalities are reinforced at hospitals as patients are treated differently, showing a complex matrix that influenced the experiences of the participants. Those who had no acquaintances were exposed to elder abuse, marginalisation and neglect. Hellum, Stewart, Ali & Tsanga (2007) posit that women suffer hardships and injustices not only because they are discriminated against as women, but also because of their class, race, age, religious or ethnic backgrounds. In this study, social location and the educational level of women played a vital role in the way participants were treated at institutions such as hospitals. For instance, research participants with low educational levels in the rural areas were often not aware of senior citizens' rights in public institutions.

7.5 Perceptions of elderly women in Chivi District on their longevity compared to men

In this study only three of the 18 participants had husbands, the rest were widows. This was not unexpected since it was established that women live longer than men all over the world (World Assembly on Ageing 2011; Bloom & Luca 2016: 18; Lazar 2017). Studies attributed this to technological advancement, falling fertility rates and adult mortality rates and improved lifestyles (Crampton 2009: 4, Powell & Khan 2014: 43).

Apart from attributing women's longevity to the aforementioned variables, some participants believed that the short life span of men could be attributed to their reckless lifestyles. For example:

> *Men live a reckless life. My own husband took a second wife when we were very old. They are also drunkards. You see that man walking over there? He is a teacher but he goes round the whole village looking for beer. He is very young but at this rate, his days are numbered (Shashara).*
>
> *Men are very promiscuous my dear. They are always after women. You see I am HIV positive; it's because of my husband, he would sleep around with almost every woman. In most cases women take good care of themselves and they are mostly home with the family. The other thing is men live a careless life; they drink and smoke and that is not followed by healthy eating (Revai).*
>
> *Men are very promiscuous. God never created men to have many wives but most of them are in polygamous marriages. Some just date many women, that's the reason why they are dying early. AIDS is there and its real; you won't get anywhere! (Sukutai).*

Some participants believed that men's infidelity was the major cause of their deaths. Also, certain research participants perceived polygamy as a bad practice that caused the transmission of HIV and ultimately death as Revai was now a widow as her husband succumbed to HIV and AIDS. This was because multiple sex partners promoted the transmission of sexual transmitted diseases.

However, although some women knew about their husbands' infidelity, they continued to have unprotected sex with them, for example, Revai knew that her husband was having extra marital affairs but she continued to be intimate with him. This was because some women in Zimbabwe had no right to sexual and reproductive autonomy especially where condoms and abstinence were recommended (Mutangadura 2000: 2). Mutangadura recognised that the subordination of women to men creates a highly unfavourable environment for preventing HIV. Additionally, unhealthy practices such as excessive beer drinking and poor eating habits were detrimental to health. For instance, Shashara was not happy with the drinking habits of one of the male teachers in the community. It was viewed that while men engage in unhealthy activities women were at home and they would never miss meals, therefore they were healthier than their male counterparts.

7.6 Conclusion

The chapter has established that the health of elderly women in Chivi District was at stake as it received little attention from the government and NGOs. In addition, poor road networks exacerbated the inaccessibility of health facilities. No doctors for the elderly women were available who specialise in geriatrics and there was scarcity of medical provisions at Chivi District hospital in general, such that the participants were not prescribed with curative medication. Drought and poverty compounded nutritional health issues for the participants.

It was also found that health policies were not fully implemented to the disadvantage of the participants in the study areas. In most cases elder abuse was not reported leaving the participants vulnerable. Furthermore, there were an inadequate number of VHWs and no EHTs to enhance the provision of quality health care in communities. This chapter has put on the spotlight the multiplicity of interlocking dynamics that hindered the wellbeing of some elderly women in Chivi District. This context demonstrated how life transitions, such as deteriorating health associated with old age and poor nutrition, became negative life experiences.

Chapter 8

Conclusion and Recommendations

8.1 Introduction

This chapter embodies the conclusions and recommendations emanating from the research findings. The research findings have been grouped into broad themes for ease of summary. The chapter also discusses the shortcomings of the CFG theory that emerged during the study with suggested extensions of its framework to make it stronger as an analytical tool, especially in an African context. Recommendations were made in tandem with the research findings and subsequent conclusions.

8.2 Summary of findings and conclusions

Findings and conclusions of the study were discussed in relation to the major themes that emerged from the data collected and were linked to specific sub-research questions.

8.2.1 Lukewarm implementation of welfare policies and legislation

The study unearthed that social welfare policies were hardly implemented for the benefit of the research participants in Muzvidziwa and Murevesi villages in Chivi District. Seventeen interviewees were not aware of social legislation such as the 'Older Persons' Act, [2012]'. In addition, policies guiding social assistance, social insurance and AMATO were not known by the research participants. Furthermore, those who were supposed to enforce the social welfare policies and legislation in the villages such as the village heads in the study areas were found to be ignorant of both policies and legislation. This emanated from government's lack of commitment in the implementation of the Older Persons' Act (Dhemba & Dhemba 2015) and other welfare statutes. The DA and the SWA, who represented the eye and arm of government, failed to enforce both policy and legislation partly because of their nonchalant attitudes and partly because central government did not compel them to do so.

Furthermore, revelations point to the fact that social welfare policies were not comprehensive enough as they were not gender sensitive and age specific as both elderly men and elderly women were considered as a homogeneous group. This was a challenge as their life trajectories and experiences were different. This disadvantaged elderly women as their welfare needs as women, mothers, grandmothers, breadwinners and caregivers among others, differed from their male counterparts. The lack of disaggregation based on gender disadvantaged elderly women in other important areas such as health and communal physical work where they were compelled to do heavy work that was not commensurate with their physique.

The first research question focused on how the social welfare policies were being implemented for the benefit of the elderly women in Chivi District. From the in-depth interviews with the SWA it emerged that policies lacked funding especially those that targeted the elderly such as the 'Older Persons' Act, [2012]' and social/public assistance. He pointed out that the implementation of policies for elderly women should be supported through adequate funding as was done with policies of other vulnerable groups such as children and disabled persons in Chivi District. This was attributed to the fact that policy makers and implementers lacked concern to improve the plight of the elderly, particularly women, as there were no statutory instruments to implement legislation such as the Older Persons' Act [2012]. The SWA indicated that the Act was just on paper, not in practice. Consequently, some research participants remained marginalised and destitute as social welfare policies were not fully implemented to their benefit. It is this lukewarm attitude towards policy and legislation implementation denoted by lack of funding and statutory instruments that cascaded to local implementers such as the DA who openly said policy does not matter.

Hence, from the research findings one can conclude that government's lukewarm attitude towards the welfare of the elderly, lack of comprehensive policies and legislation targeting the elderly women per se and lack of serious funding and monitoring have had detrimental consequences on the welfare of the elderly women in the study areas.

8.2.2 Marginalisation of participants from intervention programmes in Chivi District

It could be observed that some of the participants were excluded and marginalised even when they needed the food handouts and money most. This was evidenced by the selection criterion that was used in the programmes. The selection process had many flaws to the disadvantage of the participants. Rather, it has been found that some of the participants benefited through being classified together with other vulnerable groups such as orphans and disabled children and relatives hence it can be concluded that the participants were easily marginalised and not specifically targeted. Therefore, social welfare policies in Zimbabwe were far from protecting the elderly women as was seen in the research areas.

Furthermore, research participants were excluded from intervention programmes in their communities. This had detrimental effects on their welfare as most of them did not directly benefit from intervention programmes such as FFWP or cash transfers. This was compounded by the fact that there were no reliable statistics on the number of the elderly women in the district as revealed by the DA and SWA during interviews. Even the village heads of the study areas displayed ignorance of the number of elderly women in their villages suggesting that they did not regard them as people of great significance in their communities. The absence of accurate data posed challenges in implementing social welfare policies in Zimbabwe (Zimbabwe Age Structure 2014, Dhemba & Dhemba 2015) and the area under study was no exception. In that way the research participants remained vulnerable to poverty, hunger and poor health conditions.

The study confirmed that there were a number of running intervention programmes in Chivi District that focused on vulnerable groups, but they did not target elderly women specifically. Moreover, the selection procedures for those eligible for the intervention programmes were not only flawed, but they worked against the interests of the elderly women. Selection criteria such as the voting system, wealth ranking and means-testing left out some genuine vulnerable people, including some of the elderly women. This had an adverse effect on the welfare of the elderly as the aforementioned variables strongly affected the participants' livelihoods.

8.3 The perceptions of elderly women on their plight in relation to social welfare policies

The following discussion focuses on the second research question: **What are the perceptions of elderly women in Chivi District on how the social welfare policies address their needs?**

The majority of participants were not aware of the existence of social welfare policies and the general perception was that they [participants] were not valued by the government. They also blamed the community for marginalising them when it came to the distribution of agricultural implements, food aid and cash transfers. The participants felt that if policies were put in place and enforced, their plight would be different. In some cases the participants felt that other policies were infringing on their own rights, especially policies to do with children's rights. The participants as carers of orphans and grandchildren wanted to be in control of the upbringing of those who were under their care.

8.4 Challenges participants faced concerning their welfare in Chivi District

The study has unearthed challenges that were faced by the participants concerning their livelihoods in the district. The following were the challenges that came up in the discussions under the sub-research question: **What social welfare challenges do elderly women face in Chivi District?**

8.4.1 Poor economic status viz a viz welfare of the participants

Some participants were poorly resourced as they had no assets or pensions to fall back on. This emanated from the fact that women in Zimbabwe were regarded as minors so they did not have ownership to land and cattle - the major symbols of wealth in these areas (Mazingi & Kamidza 2011: 327; Chabaya & Gudhlanga 2013: 125). Furthermore, gender role socialisation made women spend most of their time looking after the family and husbands instead of accruing assets. Research participants largely survived on subsistence farming; hence their produce had little commercial value.

8.4.2 Low educational status of the participants

The participants had low formal educational levels and could not qualify to enter the formal labour market earlier in their lives as formal education was a prerequisite. The study

established that seventeen out of eighteen had either no formal education or completed only basic formal educational levels. The participants recounted that they failed to go to school because of gender stereotypes that were pervasive when they were young; during that time they were only encouraged to get married. However, nowadays the level of formal education influences people's connections in the modern world, hence most of the research participants had limited social networks, which hindered them from participating in many projects in Chivi District.

8.4.3 Caring duties in old age

Research participants shouldering the burden of caring for relatives, grandchildren and orphans with few resources at their disposal were plunged into deeper poverty. Those who were caregivers had dependants ranging from one to four children [only three had no dependants]. This was as a result of phenomena such as AIDS-related deaths that left orphans in their care and modernisation as they were left to raise grandchildren after their parents migrated to urban areas. The macro-economic situation in the country compounded the problem as their own children who had left for formal employment could hardly support themselves due to biting inflation.

8.4.4 Food insecurity

Agriculture was the backbone of most livelihoods in rural areas in Zimbabwe. However, Chivi District is a drought-prone area with poor yields year-in and year-out. Land reform programmes in Zimbabwe did not reach Chivi dwellers; [see table 5] hence they remained living on poor soil impacting negatively on the participants' livelihoods. In addition, the participants had little or no capacity to farm as their physical strength had degenerated due to age. Consequently, some participants were found to be undernourished as they always had poor yields. This was attributed to their failure to utilize land fully during the agricultural season as their fields were the last to be cultivated and in some cases they were not given inputs such as seed and fertilizer in time. Ultimately, some participants survived on basic foods such as sadza and vegetables and others survived on begging, especially during drought years.

8.4.5 Inaccessibility of health facilities

In Chivi District health facilities were almost inaccessible. The majority of participants lived in a radius of three to nine kilometres from the service centre where health facilities were housed. The terrain was found not to be user friendly, especially to the participants who had difficulties in walking as they suffered from diseases such as arthritis, diabetes, Alzheimer's disease, neurological diseases and tuberculosis. The inaccessibility of health facilities was due to lack of public transport from the study areas to the service centre due to poor road networks. They had to travel long distances to the hospital under difficult circumstances; ox-drawn carts and wheelbarrows were some of the common modes of transport.

Due to such difficulties, some participants were forced to forgo medical check-ups and endure the pain in their homes with the belief that age brings with it many ailments (Joubert & Bradshaw 2005; Dhemba & Dhemba 2015). In some instances they resorted to herbs to treat the ailments.

8.4.6 Shortage of drugs in public hospital

Health facilities in the study areas had little or no medication. The participants were constantly only given painkillers whenever they visited medical facilities. In addition, in most cases the participants were not diagnosed by a medical doctor; instead nurses prescribed medication. Because of the shortage of drugs at the public hospital, the elderly women were referred to private health facilities that charged exorbitant service fees (see also Kumaranayake et al 2000: 359; Dhemba & Dhemba's 2015). As the elderly could not afford the fees, they avoided visiting health facilities and their health deteriorated. This means that the participants were deprived of the right to medical care. The participants were exposed to the general health care system that was inadequate and less effective both at the public and private health facilities. This defeated global and regional conventions such as the MIPPA and the African Commission on Human and People's Rights. At national level, the Constitution of Zimbabwe aptly asserts that elderly persons have a right to health care. Furthermore, it was established that in Chivi District there were no geriatric facilities and specialist doctors. Therefore, those who needed specialist doctors were referred to neighbouring countries such

as South Africa. With the total absence of geriatrics facilities and the exorbitant prices of medication it can be concluded that health care of the participants was non-existent.

Furthermore, the poor health of the participants was exacerbated by the shortage of VHWs and EHTs who were supposed to assist with primary helth care and relevant information in villages, inclusive of the elderly. The shortage of VHWs and EHTs stalled information dissemination that was critical to informing people about their primary health care and new trends of ailments and treatment. Therefore, I can conclude that the 'Health for All by 2000' policy adopted by the Zimbabwean government was just lip service as the research participants were still not enjoying their right to even primary health care.

8.5 The empowerment of elderly women through social welfare policies

How do welfare policies in place help to empower elderly women in Chivi District? This research question unearthed the following.

What emerged from this study was that the government and NGOs were not willing to empower the participants as there was nothing in place to involve them in developmental strategies. Elderly women were not visible in income generating projects that were initiated by the government and NGOs in Chivi District. Instead NGOs made them dependent while the government never attempted to empower them. There were no schemes to equip them financially. They were also ignored during land reform programmes. Participants who had the skills and the will for development and self-sustaining projects were quietly denied material resources to embark on sustainable projects. Rather the participants were taken advantage of during political campaigns and were offered short-term projects that were not sustainable. This was compounded by the fact that there were no workshops to educate the elderly on how they could carry out projects to increase their income. Even those with the zeal to do projects were not assisted financially, so they were economically incapacitated. In addition, the lack of knowledge exhibited by some of the participants was evidence enough that they were not empowered.

However, there is also the other side of the coin; namely the women's resilience and agency.

8.6 Resilience of the elderly women in sustaining their livelihoods

After all the oppression and marginalisation faced by the participants, they were not deterred to function in their families and communities. The research participants were not just passive victims; their lives should be celebrated as they were breadwinners in full control of their families. This showed that they were now decision makers and they could sustain their lives. They defied the tenets of the disengagement theory that portrayed the elderly as if they had relinquished their duties to future generations. In fact the research participants demonstrated that they were still active in their later life as they were involved in small money-making activities such as selling traditional beer, moulding bricks for sale, catching and selling termites in an attempt to feed themselves and their dependants. This showed that the participants were still assertive as they could make decisions and make choices in running their own lives. Some participants revealed that they were paying fees for their grandchildren and orphans under their care as BEAM was not reliable. In addition, the participants were also playing caring roles as celebrated in the Shona culture. Some of the participants were also involved in FFWP illustrating their ability to contribute meaningfully to the development of their communities. Most importantly, most of the research participants were seen doing ADLs, such as preparing their meals, doing laundry, and others were able to engage in IADLs, such as visiting the public hospital on their own or harvesting their crops. Therefore, it can be concluded that some elderly women had remained active at their advanced age and they continued to be useful in their families and in the community.

8.7 Contributions of this study

This study contributes to literature on the aging phenomenon, especially of rural elderly women in Zimbabwe. This provides Zimbabwean gerontologists with a more informed understanding of the specific needs of elderly women, especially those who live in rural Zimbabwe. During the study, the participants gained heightened awareness of their rights including that of good health and dignity. And most importantly, they realised that there were policies in place that if well implemented could improve their livelihoods, for example, the

senior citizen's rights that stipulate that those who were 60 years and above should not queue at any public institution and must not pay user fees at public hospitals. This is because if people are ignorant of the law, they are not empowered to exercise their rights (Samkange 2015: 1174). This study empowered the research participants in these aspects as they said they could now freely seek medical assistance and move in front in queues at public hospitals with confidence. This is the major purpose of transformative research that aims at changing people's lives as they will be self aware of inequalities that prevail in society (Romm 2016: 2).

Furthermore, the theoretical framework of the study provide a wide spectrum from which the ageing phenomenon should be viewed, for example, age, gender hierarchies, race, sexism, education, politics, socio-economic status and culture. The preceding variables affect the life chances of women simultaneously throughout their life course and should be considered every time social welfare policies are formed if the lives of elderly women are to be improved. This study, through the feminist theories and LCP, has to a large extent illuminated the processes of aging among rural black women so that people have a better understanding of gender hierarchies that are associated with aging of women.

The social location was found to be critical in analysing life trajectories of women. It is assumed that if policy makers and implementers took the social location of individuals on board, they would have a better understanding of the plight of the elderly women, especially in rural areas, and may put in place and enforce policies that promote better living standards of the rural elderly women. This is reflected by the research participants' life experiences as they were deprived of economic resources such as land, cattle, education, employment and inheritance that were crucial in sustaining their life.

On the other hand, LCP has enhanced the understanding of life trajectories and transitions experienced by the participants. This came as the realisation that life experiences were influenced by multiple factors that are experienced throughout life. For instance, the participants survived during the colonial era and had endured the colonial rule. The discriminatory policies of that time impacted badly on the participants as they failed to be

formally educated and most of them were not formally employed. Consequently, the participants had no pension to fall back on in later life. In addition, the participants were also bound by African traditions that perpetuate gender stereotypes in society, hence their oppression. Therefore, without understanding all the intersecting social relationships that determine later life outcomes, the welfare of the rural elderly women will never be exposed and they will remain marginalised and exploited. However, LCP was going to be a robust theory if it had included gender, age and social location to determine the life course of individuals.

8.8 Limitations of the study

During the study the political environment in Zimbabwe was generally volatile, such that in some cases the participants withheld pertinent information. This was because one's political affiliation could attract heavy penalties including exclusion from food aid. Therefore, elderly women who were already disadvantaged safeguarded their positions in society by withholding certain information. However, further probing made them open up.

8.8.1 The qualitative design

The study was based on qualitative research design that allowed interviews and observations as research tools. It is vital to note that the study was mainly based on interviews. The data I obtained was easily verified by the data I obtained from the resource persons and observations. Consequently, I obtained authentic and valid data.

Purposive snowball sampling was adopted in this research as the number and location of the elderly women was not known by government officials in the district and village heads, hence statistical data of the study areas could not be readily available. In this case snowball sampling was the best as participants were familiar with each other as age mates in the same neighbourhood. It could not have been easy for me to come up with eighteen participants if I had moved around on my own without using other elderly women as indicators. In some cases they instructed their grandchildren to show me the way to the next participant. This helped me as the homesteads were scattered and in other instances there was a considerable distance

between the homesteads. Therefore, it means that the sampling method helped in terms of the time factor rather than wasting time searching for participants who met the criteria.

8.8.2 Limitations of the theory

The last research question**: What informing framework can be used to improve the lives of elderly women in Chivi District?** Can be answered as follows:

While I acknowledge the richness of CFG in this study, it had some noticeable shortcomings that should be acknowledged. The diversity of the theoretical framework needs critical thinking in order to conceptualise the relationship of all the interconnected theories. For instance, the infusion of various theories such as early feminist theories, social gerontology theories, African feminist theory, and LCP needs to be scrutinised. While I appreciated its diversity, it can lose focus unlike a unified theory that can be easily understood. However, my long stay in the field helped me to understand the intersecting nature of all the theories discussed.

Although CFG was the most preferred perspective in this study, it is mostly informed by Western perspectives hence its shortcomings in the study of rural elderly black African women in Chivi District. For instance, CFG discusses the exclusion of elderly women in the ownership of the means of production such as land as a source of political and economic power. According to the tenets of the perspective these factors interact to shape the experiences of elderly women. But from my study it is clear that experiences differ according to where individuals live. Therefore, the participants are in a unique position and cannot be compared with any other group of elderly women such as those in other regions or living in urban areas. The latter are not directly affected by droughts as they always buy their food from supermarkets and their economic base is not agriculture. This makes the participants a unique group that needs a different lens to look at their welfare. From this study it is clear that the welfare of many of the research participants was dire as their experiences were strongly affected by their social location. This is because it had emerged that the economic base of most rural black African women is often embedded in agriculture, including Zimbabwe.

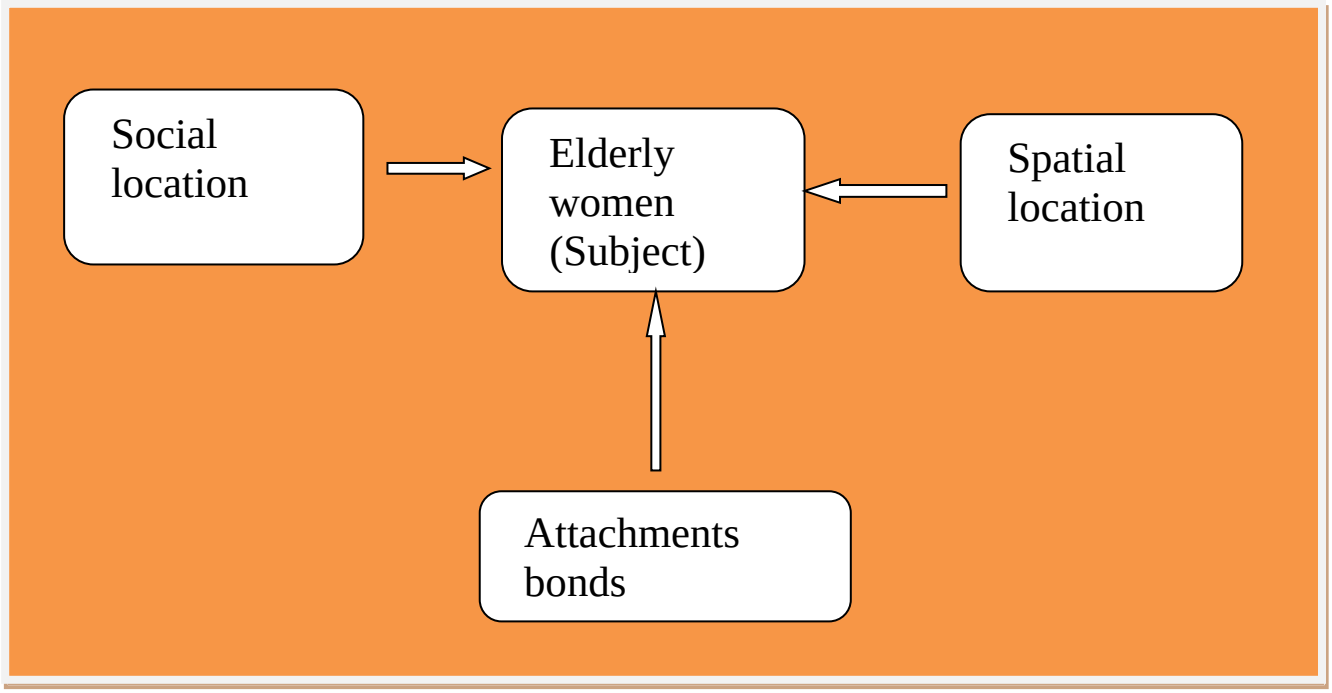
In addition, CFG emphasised the empowerment of the elderly women but this cannot be universalised as it depends on the social location of individuals. This had emerged in this sudy as social location had become central in the study of the welfare of elderly rural women. Therefore, from the findings of this study there was need for a more specific theory that looks at ageing of black African rural women who have same experiences such as colonialism, social location, context, social structure, patriarchy, and source of economic power, norms, values and beliefs. Colonialism had impacted badly on African women, especially the research participants who were exposed to the whims of colonialism most of their life. For example, land laws practised in Zimbabwe are an offshoot from the former Rhodesian land laws where women benefited from land through the men (Goebel 2005: 152; Nyawo 2015: 19). By not owning land in their own right, women continued to be exploited by their husbands and families. For instance, rural women face limitations in making decisions in land issues even if they were widowed. They continue to consult their male relatives and their own sons whenever they want to develop the land or sale their agricultural produce.

Additionally, in rural areas the land does not solely belong to one person in the case of the deceased father, even if the surviving spouse has a marriage certificate under Chapter 5: 11, a recognised statutory instrument in Zimbabwe. The document is of less value in rural areas where customs and traditions may override some of the laws as traditional leaders have the right to share land along the lineage lines. Furthermore, assets such as land and cattle can be sub-divided among all the sons and in some cases the widow is left with nothing or a small portion of land. In my study some of the participants were cultivating very small portions as they shared the land with their adult children. This situation exacerbated their poor economic status as they could not plough for commercial purposes and usually the participants concentrated in cultivating groundnuts, round nuts and maize for family consumption. This shows that the rural elderly women's experiences and oppression were hinged on the land issue as land is the mainstay of livelihoods in rural areas especially in Chivi District.

We must also look at the context in which life events are taking place, in this case the rural context is bound with culture and social relationships that are different from an urban set-up. Therefore, CFG is short of variables such as social location, spartial location and the aspect of

social relationships that also influence life trajectories and transition of back African rural women throughout their lives. Therefore, I want to extend CFG by infusing variables that were left out and come up with socio-location critical feminist gerontology (SCFG) model. The approach to comprehend and transform lives of the elderly rural African women more comprehensively. This can be illustrated by the SCFG model:

Figure: 6: The socio-location critical feminist gerontology model



The model is illustrating that three variables are important: social location; spatial location and attachment bonds. These variables were not pronounced in CFG yet they emerged as significant determinants of the life of the participants, hence the proposal of the model when studying the life of elderly women. However, this model can be applied in the study of other human subjects.

Social location

The social location of individuals influences their life experiences. Individuals' power or recognition is determined by the interaction and social relationships in a specific social location. Furthermore, individuals' social location determines where they fall in the social structure, and how they are viewed in society. In addition, behaviours and personalities are

moulded by environmental factors such as economic, social, urban or rural, infrastructure and transportation. From a sociological point of view the environmental factors play a crucial role in social policy formulation and implementation and consequently they have a bearing on the welfare of the rural elderly women.

In addition, social location is very important as it differentiates people as they are not a homogeneous unit regardless of geographical location, race or gender. For instance, people in developed and developing countries have different life chances that are influenced by intersecting factors such as social relationships; social structure, educational level, ideologies, policies and technological development. This also implies that not all Africans and African women in particular experience life in the same manner. Each country has its own unique social characteristics and this is also true to different constituencies in the same country such as rural, urban areas and ethnic plurality. It is therefore, prudent to embrace social location and all the intersecting factors to come up with a comprehensive analysis of the welfare of African rural elderly women.

Spatial location

Spatial location in this model refers to the geographical location of the individual. In rural areas there are things that are more valued than in urban areas, for example, land and cattle are more valued in rural areas as they are the means of economic power and wealth. However, even in rural areas specific geographical location determines someone's life course or life chances. For example an elderly woman at a growth point in rural areas lives a life different from an elderly woman in the same rural area, but living in a village. Therefore experiences should be conceptualised basing on the spatial location in which events are being experienced by females and males.

Attachment bond

According to Chriss (2007) an attachment bond is a social bond attained through socialisation and internalisation of norms and values within the context of family and other informal agents of control. Therefore, it is important to understand the bonds that bind people together to understand the gender hierarchies and the interdependent relationships that prevail in

particular societies. The bonds are hinged on the belief systems in different cultures and breaking the bonds is tantamount to expulsion from the kin and this is usually avoided by many. The relationships are more critical when individuals age and when disturbed they may cause the suffering of the elderly persons due to their inability to perform some ADLs and IADLs (Elder 1994: 6; Rabe 2015: 155). Therefore, the variable is important in looking at the welfare of elderly rural women who depend on the family support systems for their upkeep.

The social-location critical feminist gerontology approach would also embrace all the insights from other feminist theories and LCP. However, I will leave social-location critical feminist gerontology as an approach that can be improved upon as it has emanated from only one study of the research participants in the Chivi District. Therefore, it is possible that when similar studies in different social locations or age range are conducted, they may have different outcomes as elderly women are not a homogeneous group.

8.9 Recommendations

The welfare of participants was excessively neglected in Chivi District. Although neglected, the participants were still expected to be caregivers to orphans and relatives with their limited resources. The food aid provisions in the district were means-tested based on flawed criteria and have proved to be discriminatory as most of the participants were left out. To combat this situation, the government of Zimbabwe should take care of its ageing population through the introduction of social protection policies such as universal pensions for those who are 65 years and above, especially women who are prone to poverty due to different factors. It has been shown by other studies that universal pensions have eased the elderly persons' burden and has enhanced their welfare (Schalz et al 2011: 6; HAI 2010; Khanal 2013: 3). Thus the introduction of universal pensions would alleviate the welfare of elderly women in Chivi District.

Welfare policies in Zimbabwe concerning the elderly persons lack statutory instruments which are the drivers for successful implementation. The gap can only be closed if the government is committed to implement legislation such as the 'Older Persons' Act, [2012]'

by crafting and enforcing statutory instruments to improve the wellbeing of the elderly persons inclusive of women. Therefore, I recommend the government to put in place laws that drive policy. In other SSA countries such as South Africa and Botswana, the elderly are much better off through the implementation of statutes which are comprehensive such as Old Age Grants (Schalz, Gomez-Olive, Ralston Menken & Tollman 2011: 6; South Africa's Voluntary National Review Report 2019: 34).

Research on ageing in Zimbabwe is limited as evidenced by the scarcity of gerontological studies and literature although studies and demographic trends showed the increasing numbers of this sub-population. Therefore, indicators on ageing should be part and parcel of demographic studies and these should be used for planning purposes. This would enhance issues on ageing and increase studies on ageing that contribute to both policy formulation and implementation.

Undeniably, diseases are inevitable as age brings with it many ailments and it has been shown that elderly women are the most affected as they live longer than their male counterparts. The current general health care system in Zimbabwe deny the elderly their right to good health which is a contradiction to most of the policies, such as the Older Persons' Act [2012] (Chapter 17: 11) and the Health Professional Act (Chapter 27: 19), which were crafted and enacted by the Zimbabwean government. This is from the background that the basic nursing diploma and bachelor of nursing degrees do not embrace geriatrics in their nursing education programmes (Mapanga & Mapanga 2000). Therefore, the need for geriatrics facilities in Zimbabwe cannot be overemphasised; hence geriatric care should be embedded in the health professional training course in Zimbabwe.

Different variables affect the ageing process such as life trajectories, transitions, sex, gender, ethnicity, social location, context, attachment bonds and the socio-economic status of individuals hence the variables should be addressed in policies if any meaningful interventions are to be realised. Putting it succinctly, elderly women in rural areas approach ageing differently from their urban counterparts, therefore should be treated differently in all welfare policies and programmes, for example, there should be clauses in the constitution or

the Older Persons' Act [2021] that differentiate rural and urban elderly women in the provision of social assistance. This is in line with other studies that establish that the elderly rural women need more food provisions as there is food insecurity among the elderly due to prevailing climate change compared to their urban counterparts (Foud 2005: 1; Nyikahadzoi et al 2013; FAO 2013). For instance, the recent cyclone Idai that devasted parts of Manicaland Province and parts of Masvingo impacted badly on livelihoods and the elderly were not spared (Tendai Marima, News Africa 29 March 2019). From the reports in the social media you could see that the most affected were the rural elderly who survived on agriculture as they were displaced.

African nations, inclusive of Zimbabwe, place the main responsibility for meeting elderly persons' needs on the family network particularly on adult children. However, indications are that the family support system is no longer vibrant. Therefore, the government should incentivise employed adult children and other relatives through tax exemptions or job creation for the youth so that they are able to take care of their ageing parents.

Advocacy can be used to emancipate elderly women from the 'feminine mystique' that has created their suffering at old age. The advocacy should be for the empowerment of older women through economic activities, capacity building, and sustainable development programmes. This should be done through workshops where elderly women are educated in life skills such as cash loan schemes, gardening and training in human rights. For instance, in Lesotho, 'Maseru Women Senior Citizens Association' is involved in sensitization and awareness campaigns on the needs and rights of older persons. Similarly in South Africa, 'Grandmothers Against Poverty and Aids' [although it is not a national programme] educates grandmothers about the disease of AIDS and train them on life skills such as food gardening, developing a will, dealing with bereavement and training in human rights (UNFPA 2006).

Some of the elderly women in the study were malnourished since droughts were prevalent and food aid programmes and interventions marginalise the elderly persons. Most of the participants survived on starchy foods and vegetables that did not constitute balanced diets.

Therefore it is recommended that food aid programmes for schoolchildren that are implemented in Chivi District should also cater for the elderly persons to boost their health.

Efforts should be made to improve the plight of the elderly women by crafting, implementing and monitoring comprehensive social welfare policies backed by statutes that enforce policy implementation. Emphasis should be placed on funding social welfare policies to do with the elderly. Advocacy to eradicate ageism and sexism among all ages should take the centre stage in all human development activities.

There should be no age and gender discrimination in poverty reduction measures by government and NGOs. Programmes and interventions that are work related should have jobs that are tailor made for all ages, that is, the youth, young adults and the elderly. This should ultimately combat the dependent syndrome usually associated with the elderly. Free food aid and cash transfers should consider the number of household members and the age of the breadwinner. Preference should be given to households led by elderly women who should get more provisions as they are already burdened by the caring roles with their meagre incomes.

8.10 Future research areas

Ageing is an inevitable process therefore it should be addressed comprehensively. Hence this study suggests areas that should be targeted:

8.10.1 The complexities of family support systems

The gerontological studies in Zimbabwe should focus on how family relations can be strengthened to support the elderly. Research should incorporate all stakeholders that include family members, community and government in trying to find best ways to have sustainable ways in looking after the elderly in communities. Studies on the welfare of both female and male elderly persons in the same social location should be done as male and females are not a homogeneous group.

8.10.2 The formulation and implementation of relevant social welfare policies

Research should focus on how to come up with proper statutory instruments to combat poverty among the elderly especially in rural areas. Therefore, studies should establish best ways of involving beneficiaries of policies in the formulation and implementation of social welfare policies such that beneficiaries also own the policies.

8.11 Conclusion

The ballooning number of the elderly women needs comprehensive measures that are sustainable to combat their vulnerability. It is the family, community and government's responsibility to take care of the ageing population. Therefore, it is imperative to take heed of recommendations from other studies and this study in order to alleviate elderly women's livelihoods.

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Addendum 1: Ethical Clearance

UNISA university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

Registration number: REC-240816-052

22 February 2017

2017-CHS-002

Mrs Mashura Mudzingwa

Student Number: 50884891

Dear Mrs Mashura Mudzingwa

Decision: Ethics Approval

Name: Mashura Mudzingwa
Department of Sociology
mashura.mudzingwa@gmail.com
263 775856764

Proposal: .A study on the welfare of elderly women in Chivi District in Masvingo-Zimbabwe

Qualification: M Ed Sociology

Thank you for the application for research ethics clearance by the College of Human Sciences Research Ethics Review Committee. Final approval is granted for the duration of the research period.

Open Rubric

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Addendum 2A: Consent form (English Version)

Dear Participant

My name is Mashura Mudzingwa. I am a doctoral student at the University of South Africa (UNISA). I am studying the welfare of elderly women in Chivi district in Masvingo. I would like to find out more about your life experiences. I have questions about your relationships with your relatives and government programmes and reforms that are in place to improve your living standards.

Benefits

There are no direct benefits from this study but your participation may help to find out how best the government programmes can be improved to cater for your welfare as elderly women in terms of health, food, accommodation and security.

If you have questions about the study you may ask now. If you do not have questions and agree to participate in this study, then we will go ahead and begin the interview. But first, I will ask you to sign this form stating that I, the interviewer have informed you of your rights and that you have agreed to participate in this interview. This is the only place your name will be entered. If you do not wish to sign your name you may simply mark with an "X".

Procedures

If you agree to participate, I will talk to you for about an hour and our conversation will be tape recorded. Other participants will also be interviewed and their responses and yours will be reported as findings. Your participation in this interview is completely voluntary (this means you and only you can choose whether you like to join the study). You may refuse to answer any question if you feel uncomfortable. You do not have to give me a reason for refusing to answer specific questions. You can decide to stop participating at any time. If you decide you do not want to be part of this study, there will be no consequences for you. There

is no wrong or right answer to any question. I only want to know your opinions and ideas. The study does not anticipate any risks to you.

Privacy and confidentiality

To help me remember what you say here I will record our conversation on the audio tape and I will take notes as well. Your real name will not be recorded and you may choose a research name yourself. The recording and the notes will be locked away safely and only my supervisor and I will have access to it. The only place your name will be recorded is on the information sheet and the informed consent form. These forms will be kept in a safe place and not be linked with the interview in any way and it will not be used in any research output.

Volunteer's Statement

The interview was explained to me. I was given a chance to ask questions and I was contented with the answers to all my questions. I am aware that; my records will be kept private and confidential, I could choose not to be interviewed, not to answer certain questions or stop the interview at any time. I gave consent that my interview could be recorded. I understand that 17 other volunteers' interviews will be analysed with mine and reported on as findings of the study.

Date..... Name of Volunteer.....

Signature of Participant.....

Interviewer's statement

I, Mashura Mudzingwa, the undersigned, have defined and explained to the volunteer in a language that s/he understands, the procedure to be followed and the risks and the benefits involved and the obligations of the interviewer.

Date..... Name of Interviewer.....

Signature.....

Addendum 2B: Consent form (Shona Version)

Tsamba yezvinodiwa newirirano

Tsamba yezvinodiwa newirirano maererano nezvetsvakurudzo yemagariro emadzimai abve zera emudunhu rekwaChivi kuMasvingo.

Anodiwa Mupi woumbowo

Zita rangu ndinonzi Mashura Mudzingwa. Ndiri kudzidzira kuita Muzvinafundo neUNISA. Ndiri kutsvakurudza nezvemagariro emadzimai abve zera mudunhu rino rekwaChivi riri muMasvingo. Mukutsvakurudza kwangu ndichatarisa rubatsiro rwamunowana kubva kuhama dzenyu, vangava vana venyu vamakazvara, dzimwevo hama kana hurumende. Ndichaongororavo zvirongwa zvehurumende izvo zvakanangana namagariro enyu.

Matanho

Kana mukatenda kutaura neni, tichataura kweawa rimwe chete, asi muchatapwa mazwi enyu nechitapa mazwi ichi. Ndichataurazve nevamwe gumi nevanomwe vachingotapwavo mazwi avo. Nokudaro zviri kwamuri kunditendedza kutaura nemi kana kuramba kupindura hapana mhosva yamunopomegwa. Uyezve kana mukaramba kupindura imwe mibvunzo hamusungigwi kupa chikonzero. Nokudaro zviri kwamuri kuramba muchienderera nechirongwa kana kurega. Kana mafunga kurega munongondiudza tobva tarega pasina kana mubvunzo kana mhosva.

Pakutaurirana kwatinenge tichiita hapana mhinduro inonzi yakanaka kana yakashata. Chandinongoda ndechekuti ndihwe pfungwa dzenyu maererano namagariro enyu nemhuri dzenyu uye zviri kuitwa nehurumende maererano nemagariro enyu. Mutsvakurudzvo yangu iyi, hatitarisiri kuti muchava nenjodzi yomutovo upi zvawo.

Vanzurudzo nechengetedzo yechimiro

Zita renyu harinyogwi mutsvakurudzo yangu iyi. Imi muchasarudza zita ramuchada kushandisa. Kuti ndirangarire zvamataura ndichange ndichinyora nhaurwa yedu uye mazwi enyu achange achitapwa nechitapa mazwi ichi. Kana ndapedza kunyora ndichaparadza umbowo hwose. Zita renyu richanyogwa chete patsamba iyoyi. Matsamba iwaya anenge achingova neni ndoga uye zvamataura hazvizoshandiswi noumwe munhu.

Batsiro yetsvagurudzo

Tsvakurudzo yangu inogona kusakubatsirai izvozvi imi pauzima asi inogona kubatsira kuti hurumende itsvake zhira dziri nani dzokukubatsirai, asi inobatsira kuti hurumrnde itsvake zhira dziri nani dzokukubatsirai kuti vanenge vabve zera vawane rubatsiro kubva kuhurumende uye mhuri dzavo vagorarama zvakanaka.

Kana pane zvamungada kubvunza nezvetsvakurudzo iyi makasununguka kubvunza. Kana pasina zvamunoda kubvunza tinokwanisa hedu kuenderera mberi nehurukuro yatichaita. Asi tisati taenderera mberi ndichakukumbiraivo kuti mutange masaina patsamba iyi kuratidza kubvuma kwenyu kuti hurukuro yatichaita mabvumirana nayo uye kuti ndakurondedzerai zvose zvichadiwa nezvichaitika. Apa ndipo chete pamuchanyora zita renyu asi kana musingadi kusaina muchinyora zita renyu munogona kungnyora 'X'.

Bvumirano nemukurukugwi naye

Ndatsanangurirwa zvose pamusoro petsvakurudzo iyi ndikazvihwisisa. Ndabvunzwawo mibvunzo ndikapindugwa zvose uye ndahwisisa pamwe nokugutsikana. Ndahwisisazve kuti zvose zvandataura hazvifumugwi. Ndinokwanisavo kusaenderera mberi nechiitiko ichi kana ndisati ndichada, nguva ipi zvavo. Ndabvuma kuti zvatichataurirana zvinyogwe zvose pasi. Ndazvihwisisa kuti vamwe gumi navanomwe vachabvunzwa uye hurukuro dzedu dzichaongorogwa dzoshandiswa mutsvagurudzo idzi.

Zuva…….

Zita romupi woumbowo…….

Siginacha……

Chitsidzo chomutsvakurudzi

Ini Mashura Mudzingwa ndarondedzera zvose kune vanhu vandichataura navo nemutauro wavanohwisisa maererano nezvetsvakurudzo iyi uye zvainokwanisa kuzobatsira muupenyu hwevanenge vakwegura mumagariro avo.

Zuva……

Zita romutsvakurudzi…….

Siginacha……

Addendum 3: Interview guide for the District Administrator

My name is Mashura Mudzingwa. I am interested in the welfare of elderly women in this district. I would like to discuss with you how elderly women in this district are copying with their life. This interview will last for approximately one hour.

1. **Personal details**

- Tell me your personal details
- How long have you been in this district?

2. **Knowledge of policies**

- Are there any guiding policies in doing your job?
- How do you monitor social welfare programmes and interventions that are running in the district?
- Are you aware of the 'Older Persons' Act'?

3. **Types of programmes**

- What types of programmes and interventions are running in the district?
- Are there any programmes that target elderly women?
- What criteria are used to select beneficiaries of programmes?

4. **Funding of programmes**

- Who is responsible for funding social welfare programmes in this district?

5. **Demographic statistics of the elderly persons**

- Do you have the number of the elderly persons in the district?

Addendum 4: Interview guide for the Social Welfare Administrator

My name is Mashura Mudzingwa. I am interested in the welfare of elderly women in this district. I would like to discuss with you how elderly women in this district are copying with their life. This interview will last for approximately one hour.

1. **Personal Details**

- Tell me your personal details
- How long have you been in this district?

2. **Duties**

- What are your duties in the social welfare department?
- What is the meaning of welfare and how do you monitor the welfare of people in the district?
- Who are the beneficiaries of welfare programmes?

3. **Welfare policies**

- Do you have guiding policies in executing duties in your department?
- Are you are aware of the 'Older Persons' Act'?
- Who are considered to be the elderly by law?
- How are the social welfare policies implemented in the district?
- Are the elderly involved in the formulation and implementation of social welfare policies?

4. **Intervention programmes**

- What types of social welfare programmes are running in the district?
- Are there any statutory instruments that guide the implementation of social welfare policies?
- Who choose those who should benefit from the programmes?
- How are the social welfare programmes funded?

5. **Challenges faced by the elderly women**

- What challenges are faced by the elderly women in their day to day living?
- What strategies are in place to improve the elderly women's livelihoods?

6. **Institutionalisation of the elderly**

- What do you consider before placing the elderly in institutions?
- What are the perceptions of elderly women on institutionalisation?

Addendum 5A: Interview guide for the village heads (English version)

My name is Mashura Mudzingwa. I am interested in the welfare of elderly women in this district. I would like to discuss with you how elderly women in this village copying with their life. This interview will last for approximately one hour.

1. **Duties of a village head**

- What are your duties as a village head?
- Dou you have the autonomy in leading your villages?
- Who are your superiors?
- Who assist you in executing your duties?

2. **Social welfare policies**

- Are you aware of any social welfare policies?
- Do you know about the 'Older Persons' Act'?
- Which are the guiding principles when doing your duties?
- What do you suggest should be done in the formulation and implementation of polcies?

3. **Implementation of policies and programmes**

- Are you included in the formultion and implementation of any policy by the government?
- How do you select beneficiaries of food aid and money transfers?
- What challenges do you face in the implementation of programmes?
- Are elderly women targeted by the intervention programmes?

4. **Challenges faced by the elderly women in the communities**

- What challenges are faced by the elderly women in their daily living?
- How are the elderly women assisted by their families, communities and government?
- Are the health facilities easily accessible by the elderly women in your village?
- What challenges are faced by the community in trying to help the elderly women?

5. **Interventions by the community in helping the elderly women**

- What is being done by the community to improve the elderly's welfare?

Addendum 5B: Interview guide for the village heads (Shona version)

Zita rangu ndinonzi Mashura Mudzingwa. Ndiri kudzidzira kuita Muzvinafundo neUNISA. Ndiri kutsvakurudza nezvemagariro emadzimai abve zera mudunhu rino rekwaChivi riri muMasvingo. Mukutsvakurudza kwangu ndichatarisa rubatsiro rwavanowana kubva kuhama dzavo; vangava vana vavo vavakazvara, kana dzimwevo hama dzavo uye kubva kuhurumende. Ndichaongororavo zvirongwa zvehurumende izvo zvakanangana namagariro avo.

1. **Mabasa anoitwa naSabhuku**

- Mungatsananguravo here basa ramunoita saSabhuku?
- Mukutungamirira kwamunoita ruwa gwenyu mune masimba ose here okutonga?
- Kana musina masimba ose ndivanani vamungati ndivo vakuru venyu?
- Pangava navamwevo here vanokupangai namazano mukutungamirira kwamunoita ruwa gwenyu?

2. **Mitemo yehurufeya**

- Pane mitemo yehurufeya yamunoziva here?
- Munoziva here kuti kune mutemo unomiririra vabve zera munyika muno (Older Persons's Act)?
- Pane zvamungati zvitsidzo here zvinokuyambirai pamunenge muchiita basa rennyu rouSabhuku?
- Sokufunga kwenyu ndezvipi zvingaitwa panenge pachiumbwa bumbiro remitemo uye mukuzadzisa zvinenge zvakatagwa nomutemo?

3. **Zvingaitwa mukuzadzisa bhumbiro remitemo namapurogiramu ehurufeya**

- Panogadzigwa mitemo nokuzoedza kuizadzisa munenge muripovo muchipawo here mazano?
- Munosarudza sei vanhu vanofanira kupiwa rubatsiro gwezvokudya kana mari kuburikidza nemapurogiramu aripo izvezvi?
- Ndezvipi zvibingamipinyu zvamunosangana nazvo mukuedza kuzadzisa zvinofanira kuitwa namapurogiramu ose ari kuitwa munharaunda ino?

- Paurongwa hwose hunoitwa mukubatsira vanoshaya pane chirongwavo here chakanangana nemadzimai abve zera?

4. **Zvibingamupinyu zvinokanganisa magariro emadzimai abva zera munharaunda**

- Mungatsananguravo zvizere zvibingamupinyu zviri kusangana namadzimai abva zera muruwa gwenyu maererano nemagariro avo?
- Madzimai abve zera arikuwana rubatsiro guzere here kubva kumhuri dzavo, vagarisani vavo nehurumende?
- Mungatsanangura here matambudziko anosangana nevabva zera mukushanyira zvipatara?
- Ndeapi mamwe amatambudziko anosangana nevanhu venharaunda ino mukuedza kubatsira vabve zera? Tsanangurai zvizere.

5. Zvirongwa zvenharaunda kubatsira madzimai abva zera

- Mungarondedzeravo here zviri kuitwa nevanhu venharaunda ino mukubatsira vabva zera?

Addendum 6A: Interview guide for the elderly women (English version)

My name is Mashura Mudzingwa. I am interested in the welfare of elderly women in this district. I would like to discuss with you how elderly women in this village are copying with their life. This interview will last for approximately one hour.

1. Personal details

- What is your name?
- How old are you?
- Whom do you stay with?

2. Historical background

- Where were you born?
- What is your education level?
- Were you ever formally employed?

3. Economic status

- What do you do to earn income?
- Are there other people who give you remittances?
- Do you think you are financially stable?

4. **Living conditions**

- Are you cormfortable with your living conditions?

5. Health conditions

- Do you have any health problems?
- How do you get to the health facilities?
- What can you say about the affordability of the health facilities and medication?

6. Knowledge of social welfare policies

- Are you aware of any social welfare policy?
- Have been conscientised about the 'Older Persons' Act'?

7. Formulation and implementation of welfare policies

- Are you included in the formulation and implementation of welfare policies?

- What are your suggestions in the formulation and implementation of social welfare policies?

8. Programmes and interventions

- Are you targeted by intervention programmes that are running in this district?
- How do you benefit from these programmes?
- Can you explain the selection process of beneficiaries of intervention programmes?

9. Challenges faced by the elderly women

- Can you explain challenges you are facing pertaining to your livelihoods?
- How do you deal with challenges in your life?

10. Responsibilities shouldered by the elderly women

- How many dependants do you have?
- Are you facing any challenges with the caring duties?
- What do you suggest should be done to assist you in your caring duties?

Addendum 6B: Interview guide for the elderly women (Shona version)

Zita rangu ndinonzi Mashura Mudzingwa. Ndiri kudzidzira kuita Muzvinafundo neUNISA. Ndiri kutsvakurudza nezvemagariro emadzimai abve zera mudunhu rino rekwaChivi riri muMasvingo. Mukutsvakurudza kwangu ndichatarisa rubatsiro rwamunowana kubva kuhama dzenyu; vangava vana venyu vamakazvara, uye rubatsiro gunobva kuhurumende. Ndichaongororavo zvirongwa zvehurumende izvo zvakanangana namagariro enyu.

1. **Ruzivo pamusoro penyu**

- Mungandiudzavo kuti munonzi ani?
- Mungarangariravo gore ramakazvagwa uye kuti mune makore mangani?
- Pano munogara muri vangani uye mungandiudzavo ukama hwenyu nevamunogara navo?

2. **Nhoroondo pamusoro penyu**

- Makazvarigwa nokukurira kupi?
- Makagumira murugwaro gupi kuchikoro?
- Makambobaigwa chitupa here?

3. **Chinzvimbo chenyu maererano neupfumi hwamunahwo**

- Pane zvamuri kuita here zvinokupai mari? Rondedzerai zvizere.
- Kune kumwe here kunobva mari ingakubatsirai?
- Sokuona kwenyu munofunga kuti mari yamunowana inokwanisa kukuraramisai here zvizere?

4. **Mararamiro nemagariro muupenyu**

- Munofadziwa here nemararamiro amunoita?
- Ndezvipi zvingaitwa kubatsira mukurarama kwenyu?

5. **Maererano nezveutano**

- Pane matambudziko amunawo here neutano hwenyu?
- Kana muchida kuenda kuchipatara munofamba sei?
- Mungati kudii nemawaniro amunoita rubatsiro kubva kuchipatara uye mishonga yamunopiwa?

6. **Ruzivo pamusoro pemitemo yehufeya**

- Pane mitemo yamunozivavo here yehurufeya?

- Pane wakambokuzivisai here nezve ‘Older Persons’ Act’ unova mutemo unokumiririrai imi vabve zera?

7. Kuumbwa nokuzadziswa kwemitemo yehurufeya

- Panoumbwa mitemo yehurufeya munodamwavo here?
- Ko pakurongwa kunoitwa mafambisigo ezvinhu maererano nokuzadziswa kwemitemo iyi munenge muripovo here?
- Imi munofunga kuti ndezvipi zvingaitwa panenge pachiumbwa nokuzadziswa mitemo iyi?

8. Mapurogiramu anoitwa kubatsira vanoshaya

- Pamapurogramu ose ehurufeya pane akanangana nemivo here?
- Mapurogiramu aya anokubatsirai nenzira ipi? Tsanangudzai zvizere.
- Kuti munhu awane rubatsiro kana kupinda mupurogirami zvinofamba sei? Tsanangurai zvizere.

9. Zvibingamupinyu zvinosangana namadzimai abva zera

- Ndezvipi zvibingamupinyu zvamunosangana nazvo mukurarama kwenyu?
- Kana pane zvibingamupinyu zvamunosangana nazvo munozvigadzirisa sei? Kana pane vanokubatsirai titsanangurireivo.

10. Mabasa okuchengeta mhuri anoitwa nemadzimai abva zera

- Vanhu vamunochengeta vangani?
- Pane zvamungati zvinonetsa here pakuvachengeta kwamunoita? Tsanangurai matambudziko amunosangana nawo.

Addendum 7: Observation guide for in-depth interviews

During the field work l focused on the following observable characteristics:

- Living conditions of the participants in their homes
- Health conditions
- General appearance of the participants
- General environment, that is, accessibility to health facilities and other homesteads.
- Facial expressions of respondents during discussions
- Interalationships between the participants, other family and community members