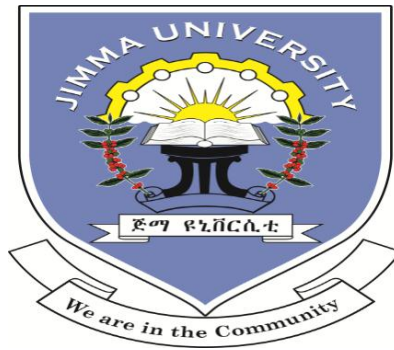


# **JIMMA UNIVERSITY**



## **COLLEGE OF SOCIAL SCIENCES AND HUMANITIES**

### **DEPARTMENT OF SOCIOLOGY**

#### **LIVING CONDITIONS OF THE ELDERLY AND SOCIAL SUPPORT PRACTICES IN DURAME TOWN ADMINISTRATION, KEMBATA TEMBARO ZONE OF SNNPR**

**BY: DENEKE DELKESO**

November, 2020

Jimma, Ethiopia

**JIMMA UNIVERSITY**  
**COLLEGE OF SOCIAL SCIENCE AND HUMANITIES**  
**DEPARTMENT OF SOCIOLOGY**

**LIVING CONDITIONS OF THE ELDERLY AND SOCIAL SUPPORT  
PRACTICES IN DURAME TOWN ADMINISTRATION,  
KEMBATA TEMBARO ZONE OF SNNPR**

By: Deneke Delkeso

Advisors:

Principal advisor-Nega Jibat (Assistant prof)

Co-advisor-Adamu Amanu (Lecturer)

A Thesis Submitted to the College of Social Sciences and Humanities,  
Department of Sociology In Partial Fulfillments of the Requirements for  
Master of Arts Degree In Sociology of Family and Gender Stream

November, 2020

Jimma, Ethiopia

## Declaration

I, the undersigned below, declare that this MA thesis entitled ``Living Conditions of the Elderly and Social Support Practices in Durame Town Administration, Kembata Tembaro Zone of SNNPR`` is my original work, not presented for any degree in any universities, and that all the sources used for it are duly acknowledged.

Declared by:

Name	Signature	Date
Deneke Delkeso	-----	-----

Approved by:

Principal Advisor:	Nega J. (Assist. Proff)	-----	-----
Co-advisor	Adamu A. (Lecturer)	-----	-----
External Examiner	Busha Taa (PhD)	-----	-----
Internal Examiner	Amanti Baru (Asst.proff)	-----	-----
Chair person	Habtamu Fekadu (Lecturer)	-----	-----

## **Acknowledgments**

First and foremost I would like to thank the supreme almighty God for giving me health, strength, patience and support to complete this study.

Next, I would like to express my gratitude from bottom of my heart to Mr.Nga Jibat, my thesis principal advisor, for he critically guided me while carrying out this study from the topic selection stage to the final work of this thesis. His contribution is not confined to sacrificing his time used up in advising me in the research work, reading and shaping the thesis beginning from the topic; and the moral support and encouragement he gave me is also invaluable.

I would also like to express my deepest gratitude to Mr, Adamu Amenu, my thesis co-advisor, for his commitment inguiding and providing me invaluable comments and suggestion that made this thesis what it is. He also assisted me to view things from diverse angles.

I would like to extend my thanks to all individuals and government offices experts who have contributed much in the process of carrying out this research. My special thanks go to Mr Yohanis Tarekegn, representative of Durame town administration Labor and Social Affairs Office and Mr, Tesfahun, expert in Kembata Tembaro zone Labor and Social Affairs department for their help with getting access to existing documents in relation to the topic under investigation.

Lastly, special thanks go to all my friends and family who, in one way or another supported me at the time of my happiness and stress through encouragements and moral supports to accomplish my MA program.

## Table of content

Declaration .....	ii
Acknowledgments.....	i
Table of content .....	ii
Acronym .....	v
Abstract .....	vi
chapter One: Introduction .....	1
1.1. Background of the study.....	1
1.2. Statement of the Problem .....	4
1.3. Research Questions .....	7
1.4. Objectives of the Study.....	7
1.4.1. General Objective.....	7
1.4.2. Specific Objectives.....	8
1.5. Scope of the Study .....	8
1.6. Significance of the Study .....	9
1.7. Limitation of the Study .....	9
1.8. Organization of the Paper.....	10
1.9. Conceptual Definitions .....	10
Chapter Two: Review Of Literature .....	11
2.1. Introduction .....	11
2.2. Conceptualization of Terms.....	11
2.2.1. Concept of aging .....	11
2.2.2. Concept of Social support .....	12
2.2.3. Concept of Community-Based Organizations .....	12
2.3. Trends of population Ageing.....	13
2.3.1. Global trends in aging .....	13
2.3.2.. Regional trends in ageing .....	13
2.3.4.Trends of elderly population in Ethiopia .....	13
2. 4.The Needs of aging population.....	13
2.5. Social Participation of Elderly.....	14
2.6. Older people`s Sources of Support.....	15
2.7. Challenges of elderly people.....	16
2.8. Coping mechanism of Elderly people.....	17
2.8. Overview of Ethiopia National Social Protection Policy .....	18
2.8.1. Older People National Action Plan in Ethiopia.....	19
2.8.2. Formal Social Protection schemes .....	19
2.8.2.1. Social Security programs .....	19
2.8.3. Informal social protection Schemes .....	20
2.9. Social Support of Elderly People.....	22
2.9.1. Types of social support.....	22

2.10. Community-Based Support for Elderly.....	23
2.10.1.1. The Role of <i>Iddirs</i> .....	23
2.10.1.2. The Role of Religious Institutions .....	24
2.11. Theoretical Perspectives of Aging .....	25
2.11.1. Disengagement theory .....	25
2.11.2. Activity Theory .....	25
2.11.3. Political Economy Theory.....	26
2.11.4. Modernization Theory.....	26
2.11.5. Social Exchange Theory.....	26
Chapter Three: Methodology Of The Study.....	27
3.1. Introduction.....	27
3.2. Description of the Study area.....	28
3.3. Research approach.....	29
3.4. Study design .....	30
3.5. Population of the study.....	30
3.6. SamplingTechnique .....	31
3.6.1. Sample size of the study .....	32
3.6.2. Inclusion and Exclusion Critea .....	33
3.7. Data Collection Methods.....	34
3.7.1. In-depth Interviews .....	34
3.7.2. Focus Group Discussion .....	34
3.7.3. Observation .....	35
3.7.4. Key informant interviews .....	36
3.7.5. Document Review.....	37
3.8. Source of data.....	37
3.8.1. Primary data.....	37
3.8.2. Secondary data .....	37
3.9. Data analysis technique.....	37
3.10. Ethical consideration.....	38
3.11. Thrustworthiness .....	38
Chapter Four: Findings And Discussion.....	41
4.1. Introduction .....	41
4.2. Findings of the study .....	41
4.2.1. Socioeconomic Situation of the Elderly.....	41
4.2.1.1. Family Arrangements of the Elderly.....	41
4.2.1.2. Housing conditions of the elderly.....	43
4.2.1.3. Means of Livelihood of the elderly.....	44
4.2.1.4. Health Conditions of the Elderly .....	46
4.2.1.5. Social Roles and Participation of the Elderly .....	47

4.2.1.6. Social Status of the Elderly.....	49
4.2. 1.7. Problems and Needs of the Elderly.....	50
4.2.2. Social Support Practice for the Elderly at the study town.....	51
4.2.2.1. Formal Social Support for the Elderly .....	51
4.2.2.2. Informal Social Support for the Elderly.....	53
4. 2.2.2.1. Instrumental Support for the Elderly.....	53
4.2.2.2.2. Interpersonal Support for the Elderly.....	55
4.2.2.2.3. Emotional Support for the Elderly .....	56
4.2.2.2.4. Appraisal Support for the Elderly .....	57
4.2.3. Perception of the Elderly towards the Support being provided to them .....	57
4.2.4. The Opportunities in the Community to Enhance Social support for the elderly .....	59
4.2. 5.Challenges the Provision of Social Support being encountered .....	60
4.3. Discussion of the Study .....	62
4.3.1. The Socio-economic Situations of the Elderly.....	62
4.3.2. Social support Practices for the Flderly .....	65
4.3.3. Perception of the Elderly Towards the social Support.....	67
4.3.4. Opportunities to Enhance Provision of Social Support for the Elderly .....	68
4.3.5. Challenges the Provision of Social Support may Encounter.....	69
Chapter Five: Conclusion And Recomendation .....	70
5.1. Conclusion .....	70
5.2. Recommendations .....	73
Reference .....	75
Appendex I.....	i

## Acronym

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based Organization
CCC	Community Care Coalition
CSA	Central Statistical Agency
FGD	Focus Group Discussion
HIA	Help Age International
ILO	International Labor Organization
MOLSA	Ministry of Labor and Society Association
NGOs	Non-Governmental Organizations
PLWHA	People Living with HIV/AIDS
SNNPRS	Southern Nation and Nationalities People Regional State
UN	United Nation
UNDP	United Nations Development Program
UNFPA	United Nation Fund for Population Activities
WHO	World Health Organization
WPAR	World Population Ageing Report



## **Abstract**

*Population aging is happening fastest globally and the growth in life expectancy presents new opportunities and also it is challenge in itself. The elderly need support from other actors such as family, government, NGOs and community.*

*The objective of this study was to examine living conditions of the elderly and social support practices taking the case of Durame town administration in Kembata Tembaro zone of SNNPR. To attain the intended objective of the study, qualitative approach was employed with narrative design. Data were collected through in-depth interview, focus group discussions, key informant interviews, field observation and secondary documents. In-depth interviews were conducted with the elderly and the focus group discussions were conducted with the elderly and members of community care coalition. The key informants were the experts from the Labor and Social Affairs Office, leaders of the Iddirs, religious institutions and the informal association. The data were analyzed using content and thematic analysis.*

*The result indicated that the elderly of the study area particularly those who lack reciporical relationship with their family are in a difficult situation. Their means of livelihood is begging and support from the community. Moreover, their residential housing and health conditions are also problematic. Thus, most of the elderly are living in a deteriorated life and the formal social support schemes are not implemented at the town except pension payment for some elderly where as the social support practice from the community in organized way is good beginning, although it couldn't fulfill the basic needs of the elderly. The social support being provided embraces only limited number of destitute elderly. The rest elderly are complaining and they feel that they are excluded. Both enhancing opportunities and hindering challenges that may influence the provision of social support for the elderly were identified by this study. Finally, it is suggested that according to the policy, the Ministry of Labor and Social Affairs needs to plan formal support for the elderly through productive urban safety net program to support the elderly.*

**Key words-** *aging, social support, elderly, CBOs, social institutions, family*

## **CHAPTER ONE: INTRODUCTION**

### **1.1. Background of the study**

Population ageing is happening fastest in both high income and developing countries with rapid growth of urbanization and industrialization. It revealed that in just 10 years` time the world`s number of older people will exceed 1 billion. By 2050, there will be two billion older people nearly 10 times as many as in 1950. The growth in life expectancy presents new opportunities but it is also a challenge in itself for the future (HAI, 2013).

In developing world, population is now ageing and the proportion of the elderly is increasing at an alarming speed while most of the poor in this part of the world still living in poverty. By 2010, the total population and the elderly population had increased to 863.3 and 27.9 million respectively indicating only a slight increase of the percentage share of the elderly (from 4.7 to 4.9 %). UN projections show that this is going to be dramatically altered in the course of the coming 40 years with falling fertility and mortality. By 2050, the total and the elderly population of sub-Saharan Africa will reach nearly 1.8 billion and 160 million respectively, and the percentage share of the elderly population will also dramatically rise to 9.1 percent (from 4.9 to 9.1) (HAI,2013). Particularly, the Ethiopian housing and census reports of the 1984, 1994 and 2007 indicated that, out of the total population, the aging population was 3.2% in (1984), 3.7% in (1994) and 5% in (2007). The number of older persons age of 60 and above was 3.6 million (CSA, 2008), which implies that as a proportion of older aged population in the total population is increasing.

In the region older people have traditionally been viewed in a positive light, as repositories of information and wisdom. In time of need they were getting strong support and assistance from their family and community, supplemented in many cases by other informal mechanisms, such as kinship networks and mutual aid (Cohen & Menken, 2006).

Studies in African countries indicate that the family support system and respect for the elderly is now changing and people over the age of 60 are one of the poorest and marginalized groups in the continent. As a consequence, elderly people`s life is largely

characterized by vulnerability to poverty and exclusion from health services (Aboderin,2005); and lack of viable safety net programs is another problem (Nabalamba and Chikoko,2011).

A substantial number of older people have no family and community support when the reciprocal relation with their family breakdown, mainly due to death of spouse and relatives or separation caused by poverty, famine, war, disease, displacement and the weakening of family and community support structures, and the responsibility was seen as a part of the kinship network (HAI, 2013).

Ethiopia, as a part of sub Saharan Africa shares the same history (Belay, 2005) cited by (Amenti, Dereje and Nega, 2018). They revealed that many elderly who need support are suffering from lack of nutrition, clothing, shelter and social exclusion. The traditional social matrix has now changed and the social institutions have become weak. Changes associated with development and modernization combined to weaken traditional social values and networks that stress the important role of older people in society and that reinforce traditions of intergenerational exchange and reciprocity. The process of urbanization is still contributing to the deteriorating situations of the elderly as it leads to family break ups due to migration in search of jobs and in pursue of education (Ayana, 2012).

The problems faced by the elderly seeks the attention of all stakeholders in terms of considerations in policy making, social recognition and community participation to respond for the needs and concerns of elderly people in their plan of action (Lemma, 2014). Ethiopia adopted Developmental Social Welfare Policy (DSWP) only as late as November 1996 (Yintiso, 2010) in order to safeguard the welfare of older persons, and it focuses on community participation as its strategy.

As a result, only the employees in governmental and non-governmental organizations in Ethiopia are guaranteed protection in the form of pension and currently only half a million older people have regular public sector pension ( Lemma (2014).

The government of Ethiopia and experts in the field of aging have realized that when the reciprocal relation of elderly with their family breaks, institutional care is a primary type of service and it should be encouraged (MOLSA, 2012). There is an argument in the field of

Gerontology that institutional care can be used as a last resort when highly vulnerable older persons need strict surveillance with the help of day attendants.

Institutions can also be considered when we have older persons who can not get care from immediate or extended body who do not have other option other than institution.

The above statements indicate that institutional care and support is an option for elderly who lack family and their networks to be aged in place. However, institutions that work on the case of elderly are almost non-existent in Ethiopia in different areas except few institutions in some large cities like ``Meqedoniya`` in Addis Ababa.

Thus, to fulfill the gap in governmental protection, community participation is crucial to provide social support for the elderly who lack care and support from their family. Elderly people without family and community support end up begging in the streets or living in destitute condition around places of worship and also feel lonely (HAI, 2013).

Community-based organizations (*Iddirs*) have in the recent times gained popularity in development circles due to their role in enhancing and implementing local-based development initiatives. Supporting each other, claiming support and accepting support from the family system, friends, neighbors and the larger community is profoundly embedded within the socio-cultural settings of most Ethiopian communities. These informal social networks are sources of social support that most Ethiopian use in times of social and economic difficulties (Kidane, 2017). In urban areas, these community `Iddirs` are providing social support for the more vulnerable community members like the elderly who lack support from the family. Religious institutions are also types of community institutions that play great role in supporting people in need like elderly. Religious donations, as revealed by Ayalew, (2016) are the main livelihood strategies of their respective communities.

Nowadays, the elderly people are encountered with various problems due to limited governmental social welfare schemes and weakening of traditional family and community support. Thus, it is common to see elderlies who have knowledge and skill to help not only themselves but others facing serious problems with lack of family support, income, health

service, housing, lack of social participation, and as a result resorting to begging and sleeping in streets (MOLSA,2006).

In Ethiopia,the breaking down of the reciprocal relationship of kinship as a mutual obligation leaves three sectors of society available for supporting the elderly which are the government, the volunteer sector and community in the society can make important contribution to present and future care of the elderly Abdi ,( 2012).

In the study area, some volunteer individuals in the community organized in informal association to support elderly who lack family support, and also the religious institutions and community `Iddirs` are playing their own roles in providing social support for the elderly. Thus, considering the above facts, this study is conducted to provide a more detailed investigation on the living conditions of the elderly and practice of social support from family, CBOs ( *Iddirs*), religious institutions and the informal association for the elderly at Durame town administration.

## **1.2. Statement of the Problem**

Although aging and aged people have not been much studied in developing countries, aging and problems of aged people is increasingly attracting sociologists and social demographers all over the World. Older people undergo a number of social, economic and political problems. Some of the major ones include diseases, psychological disorder, frail status and exclusion from their contribution in the society, poverty and poor access to basic needs (Elizabeth, 2019).

The availability and quality of family and wider social relationships and support are very important factors in the quality of life experienced by elderly people and provide a major resource with which to negotiate the challenges which aging and later life can pose (Victor, 2004).

In industrialized countries, old age support comes to a great extent from large public or private pension and health care systems. By contrast, in Sub-Saharan Africa with the exceptions of Botswana, Namibia and South Africa, formal social welfare schemes are nearly non-existent and when they do exist tend to pay minimal benefits and cover only a small fraction of the elderly population (CSA, 2008).

The absence of formal social welfare schemes such as public pensions in Ethiopia and weakening condition of family and community supports for elderly due to migration of family members and poverty stimulates interest to know the living conditions of the elderly and how they are leading their life in the face of disruptions.

The Developmental Social Welfare policy (DSWP) indicates that the government can support the elderly who do not have care and support with community participation and also the poor people are allowed to get free medical service. Although the policy illustrates this, it is claimed that ``poor people are provided with free medical service but there are no clear criteria and guidelines for granting waivers in the free health care system (Engida and Mariam, 2002). As a result, elderly who need support are suffering from lack of food, clothing, Shelter, medical services and also suffering from social exclusion.

Amenti, Dereje and Nega, (2018), in their study on ( The Socio-Economic Situation of the Elderly in Jimma Zone, Oromia /Ethiopia) concluded that, if the current condition of the elderly continues unchanged, the future might be difficult time for the elderly that government, community, NGOs and other stakeholders have to provide seed capital and job opportunity, cover medication and basic needs of the elderly, enable elderly exercise their capabilities and strengthen the capacity of care givers.

A number of studies that address issues of the elderly in Ethiopia such as an assessment made by (HAI, 2013) on the (Older people's livelihoods & the state of health and ageing), (MOLSA, 2012) on (Ways and Means of Providing Assistance to Older persons and Persons with disabilities) found that the elderly are suffering from lack of formal social support through government welfare schemes. Many of the elderly people are not being supported by their respective families to meet their basic needs and facing hardships in terms of no respect, no care, isolation, poor health, physical abuse, even do not get proper attention in joint family set up due to large family size (Ali and Kiani, 2003). These studies focused only on the formal support from government and non-governmental organizations and support of family and family networks. It had not focused on the role of CBOs (*Iddirs*), religious institutions and the informal voluntary sectors in the community.

Study conducted by Abdi, (2012), on ( Who takes care of the elderly in Ethiopia when reciprocal relationships breakdown) , revealed the importance of family, the insufficient support rendered to the elderly by the Ethiopian government and the role non-governmental organizations can play in the mitigation of the problems of elderly people. This finding indicates the role of family, governmental and non-governmental organizations in supporting elderly, but had not touched the role of community organizations and institutions.

Another study carried out by Getinet,(2015) on ( The Aging and Retirement among Ethiopian Elderly) found out the role of government protection schemes for the wellbeing of the elderly and also (Walen & Lachman, 2000) on (Social Support and Strain from Family and Friends ) have focused on what means exist for the livelihood of the elderly in Ethiopia in the absence of social security and informal support also revealed that the elderly with in modernized society are suffering from many problems and need the attention of stakeholders mainly family and friends. They did not touch the importance of community Iddirs, churches and the voluntary sector.

Moreover, some academic researches also have been conducted on (Assessment of the Situation of Elderly people under the Institutional Care Settings such as (Lemma 2014; Sibuh 2015)) and (Tewodros, 2015) indicated that, when the reciprocal relationship of elderly with their family broken, institutional care and support is an option for the wellbeing of elderly. This had not shown the CBOs and other community institutions as another option that supports the elderly.

In addition to these, the living conditions of elderly in different areas in Ethiopia is studied by many researchers. However, it is not studied at the study area, because the socio-economic situation of the elderly in different area is different. In Durame town administration the community iddirs, voluntary individuals association and the religious institutions are supporting the elderly who lack care and support. Studies at other areas have not considered their role in the case of elderly. Thus, it is possible to say that the above studies focused on the role of family, friends, the institutional care and support and the role of governmental and non-governmental organizations in supporting elderly. However, none of them focused on the role of social institutions such as community-based organizations (*Iddirs*), the religious institutions and the

volunteer sector in supporting elderly. Even though many *Iddirs*, the informal associations and religious institutions have demonstrated a great role in the support services to the elderly, yet their contribution, success and challenges are less studied and usually overshadowed by large NGOs and government programs. Little attention has been given to realize the efforts of CBOs in providing support for the elderly.

This indicates the knowledge gap of the study on the subject social support. Moreover, the living condition of elderly and practice of social support was not studied in the study area. This also indicates that there is a geographical knowledge gap of the study. Therefore, this study tried to assess the living conditions of the elderly and social support practices of Community-based Organizations (*Iddirs*), religious institutions and the voluntary informal association at the study area.

### **1.3. Research Questions**

1. What does the socio-economic situations of the elderly in Durame town administration looks like?
2. What social support practices for the elderly people are there in the study area?
3. How does the elderly perceive the social support being provided to them at the study area?
4. What existing opportunities that enhance the social support practices for the elderly are there in the study area?
5. What challenges related to the enhancement of social support that limit the efforts in the social support for the elderly are there in the study area?

### **1.4. Objectives of the Study**

#### **1.4.1. General Objective**

The overall objective of the study is to investigate the living conditions of the elderly and social support practices in Durame town administration, Kembata Tembaro Zone of South Nations Nationalities and People Regional State.



### **1.4.2. Specific Objectives**

The specific objectives of the study are:

- To assess the socio-economic situations of the elderly in the study area.
- To describe the social support practices for the elderly in the study area.
- To examine the perception of the elderly towards the social support being provided in the study area.
- To identify the existing opportunities that may enhance the provision of social support for the elderly in the study area.
- To explore the factors that may challenge the enhancement of social support for the elderly.

### **1.5. Scope of the Study**

Although a study with wide area coverage and a much larger number of respondents would have provided much deeper and useful information concerning the living conditions of the elderly and social support practices, this study is limited to the study of the research problem in Durame town administration only. It is beyond the capacity of the researcher to cover all issues in relation to the living conditions of the elderly due to financial and time constraints since the situation of different elderly is different from person to person and complex. Thus, the researcher was interested to focus on the socio-economic situation particularly on the family arrangement, means of livelihood, the residential housing conditions, the health conditions, the role and social participation and the problems and needs of the elderly at the study area.

Moreover, it had focused on the practice of family, CBOs (*Iddirs*), religious institutions and the informal voluntary association by providing social support for the elderly. In addition to this, the researcher interested to assess the perception of the elderly towards the social support, the opportunities and challenges which may enhance or hinder the development of the social support for the elderly.

The rationals for choosing Durame town administration as study area are, first and most, eventhough there are so many elderly in the town, there was no research conducted on the living situation of the elderly under this study area as far as the knowledge of the researcher

is concerned. Second, when the researcher was working as an expert on the socio-economic study for urban land use plan preparation in the town, he was inspired on the living situation of many elderly who lack care and support. Finally, the study area is the researcher`s home town that it is easy for the reasearcher to go and come back to his home frequently during the time of data collection.

### **1.6. Significance of the Study**

The study will have five major benefits: First, the finding of this study will produce preliminary data and evidence to those who want to conduct further research on similar issues at different geographical settings. Second, it will also help to inform policy makers to genuinely involve the role of community with special emphasis on CBOs, religious institutions and voluntary groups in the provision of social support for the elderly. Third, it will contribute to relate the activities of the CBOs, the religious institutions and the voluntary association with interested organizations planning to engage in the area of the elderly support so that to capacitate the role of community-based organizations and individuals association to contribute more for the elderly and protect the elderly from difficult life. Fourthly, it will also provide in-depth information on the roles of social institutions, community-based organizations (*Iddirs*) and volunteer individuals in community development not only on the economic aspects but also on the social welfare of community as a whole and elderly in particular. Fifthly, it will be the best practice and model for other towns at that zone. In addition, development agencies, educators and trainers can learn more about the subject matter of social support based on the community and also supposed to be a tool to mobilize the whole community to participate in such blessed task and hence the elderly in the area will not be exposed to street life.

### **1.7. Limitation of the Study**

The study is conducted with in limited time and cost as part of academic degree i.e for partial fulfillment of the degree of masters in sociology of family and gender program. The study emphasized only on the living conditions of the elderly and social support practices in Durame town administration, Kembata Tembaro Zone. Thus, the finding and conclusion drawn from the study may not be generalized exactly in the same manner for other areas and context. However, the study finding briefly indicated the socioeconomic situation of the elderly and the practices of fa

miles, community organizations, religious institutions and the informal association of individuals in the community in social support for the elderly. Thus, the findings will be of greater interest for scientific purposes. The study encountered with shortage of researches under the issue of elderly and experiences of social support, like shortage of documented literatures and statistical data on dimension and magnitude of the problem. In general sense, shortage of literature on it would limit this study.

### **1.8. Organization of the Paper**

This thesis consists of five major chapters that deal with general introduction of the study, review of related literatures, research methodology, results and discussion of the study and conclusion and recommendation of the study.

### **1.9. Conceptual Definitions**

**Elderly:**-refers to people that are 60 years of age and above.

**Social protection:** - refers to policies and programs which aim to help poor and vulnerable people manage risk and overcome deprivation through direct cash or in-kind transfers.

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

**Community-based Association (CBA):**-is informal community-based organization of interested/ likeminded/ individuals aimed at improving the living conditions for the elderly whose reciprocal relationship is broken at the study area.

**Community-based organizations (CBOs):**- described as civil society non-profit groups that operate within a single local community to tackle issues that are pertinent to that community.

**Iddir:** - refers to an indigenous community association established primarily to provide mutual aid in burial matters but also to address other community concerns such as issues including vulnerable people.

## **CHAPTER TWO: REVIEW OF LITERATURE**

### **2.1. Introduction**

This chapter reviewed the concept of ageing and social support including definition of aging, community-based organizations and also social institutions, global, regional and national trends in population ageing, the needs of ageing population, challenges of elderly and their coping mechanism are discussed. Literatures related with aging and social support from different academic researches are reviewed and also legal and policy documents such as Ethiopian National Social Protection policy, older people's National action plan in Ethiopia and formal and informal social protection schemes are also reviewed. Furthermore, theoretical perspectives of ageing which are relevant with the issue of social support for elderly are reviewed and then social exchange theory that leads the research was discussed. Finally, in line with the theoretical view, the conceptual framework that shows the relationship between social support and living conditions of the elderly is set up.

### **2.2. Conceptualization of Terms**

#### **2.2.1. Concept of aging**

Old age refers to reduced physical ability, declining mental ability, the gradual giving up of role playing in socio-economic activities and a shift in economic status moving from economic independence to economic dependence upon others for support. Old age is called "dark" not because the light fails to shine but because people refuse to see it (Gowri, 2003). In general, the age of 60 years and above is considered as old age in present times (Ahmed, Amjad, Habib, & Shah, 2012).

In Ethiopian context, the UN definition of older persons taking those people whose age is 60 years and over is acceptable as old that coincides with the country's official retirement age (MOLSA, 2006). The societal perception of aging in Ethiopia has both positive and negative reflections and presumptions attached towards aging and old age people. On the positive, older people are most commonly seen as wise, worthy of carrying responsibility,

resolvers of conflicts (peace makers), community advisers, persons with great experience and authority (seasoned in specific expertise) and a lot more positive traits. In extreme cases, there are also sayings that portray older people as no longer useful, as expressed in Amharic saying “*karejuaybeju*” (HAI, 2013).

### **2.2.2. Concept of Social support**

Social support, as defined by (Walen & Lachman, 2000), refers to the exchange or provision of supportive behaviors to enable people to do the everyday activities that most of us take for granted. According to (Milne, 2012), four main categories of social support have been identified: emotional, appraisal, informational and instrumental support. It can be categorized into formal and informal social support. Formal social support indicates the support from governmental and non-governmental organizations whereas the informal social support is from informal networks like family, relatives, friends, the volunteer individuals, the community-based organizations and the Religious institutions which are called actors of the social support for the welfare of elderly.

### **2.2.3. Concept of Community-Based Organizations**

Before coming to the social support, it is better to be clear in the concept of Community-based organizations (CBOs). Community-based organizations are described as civil society non-profit groups that operate within a single local community to tackle issues that are pertinent to that community. In industrialized countries, old age support is coming to a great extent from large public or private pension and healthcare systems (Quadagno, 1999).

In Ethiopia, the movement toward community-based support for vulnerable groups has emerged from two quite different contexts with different converging rationales: First, community-based support has been identified as an alternative to institutional care and to practice deinstitutionalization that include community support of independent living (Gebru & Atnafou, 2000).

In another way, community-based organizations are nonprofit groups that work at a local level to improve life for residents. CBOs are typically and almost necessarily staffed by local members (community members who experience mutual-support within their neighborhoods). Community-based organizations (CBOs) have in the recent times gained popularity in

development circles due to their role in enhancing and implementing local-based development initiatives. In the study setting, the informal associations, religious institutions and `Iddirs` have similar role in their respective role.

### **2.3. Trends of population Ageing**

#### **2.3.1. Global trends in aging**

Aging and the situation of elderly is one of the emerging concerns in demography globally. This concern is also being progressively pushed to the top of the developmental policy agenda due to the changed and changing characteristics of the global demographic distribution in terms of age. Not only has the world witnessed a dramatic increase in its total population having grown fast but it has also experienced dramatic increase in the proportion of its aging population (UN World Population Prospects (CSA, 2012).

#### **2.3.2.. Regional trends in ageing**

While the trends of the total and the elderly populations are stable and quite similar to that of the global trends in absolute terms, the percentage change of the elderly populations is characterized by being more or less stable over the first 30 years and by a rather dynamic growth during the second 40 years from 2010 to 2050 according to the UN projection. By 2050 the total and the elderly populations of sub-Saharan Africa will reach nearly 1.8 billion and 160 million respectively, and the percentage share of the elderly population will also dramatically rise to 9.1 percent (from 4.9 to 9.1(CSA, 2012).

#### **2.3.4 Trends of elderly population in Ethiopia**

The trend in the proportion of elderly persons in Ethiopia out of the total population is not showing an increase as expected in the globe. The reason for this might be the existing higher rate of fertility in almost all parts of the country. Though the proportion of the elderly is not increasing their absolute number has increased over the past 30 years (CSA, 2012).

### **2. 4.The Needs of aging population**

Given the economic advancements and well-being leading people to live longer. However, older people living in developing nations particularly in Africa are suffering from multi -faceted problems. Processes of modernization, including individualism, urbanization and

migration have eroded traditional systems of intergenerational family and community support in older age (Africa, 2017). World Health Organization's Social Development and Ageing panel report (2000) dictates that longer life expectancy is celebrated as the success story of humanity. The needs of old age population are not restricted to health complications but they are vulnerable to growing inadequacies in customary family support systems, prone to poverty and exclusion from health services (Aboderin, 2005).

Research conducted around the world focusing on Africa (Kakwani & Subbarao, 2005) indicates that three factors are placing an undue burden on the elderly. The other study conducted in SNNPR identified the following to the needs of the elderly in the area: poverty in association with food insecurity, poor health-care system, lack of housing and decent living environment, nonexistent or limited family support driven by gradual erosion of the culture of extended family and mutual support are mentioned. Hence, this problem of the elderly needs formal and informal social support for the elderly and the family arrangement, the housing condition, the health condition and means of livelihood of the elderly in different settings need to be studied.

### **2.5. Social Participation of Elderly**

The overall conceptualization of social participation within this research is based on the assumption that social participation entails social contact, contributing resources to society as well as receiving resources from society (Levasseur, Richard, Gauvin, & Raymond, 2010). Thus, the concept entails different forms and levels of active engagement as well as community belonging and network embeddedness.

According to (Ahmad & Hafeez, 2011) social participation for the elderly is regarded as a key determinant of successful social contact and healthy aging. Participation in different social activities is categorized into four groups: intimate social relationships, visits to or from family and friends, formal organizational involvements, outside of work, going to religious services or meetings at voluntary associations, active and relatively social leisure going to classes or lectures, movies, plays and concerts, playing cards or bingo, eating outside the house, taking part in sports and passive and relatively solitary leisure activities, such as watching television, listening to the radio, or reading (UN, 2007). In this context, it is vital to trace what social participation of the elderly looks like.

## **2.6. Older people`s Sources of Support**

When we see the socio-economic situations of elderly people, policy concerns throughout the world, the nature of the problem differs considerably from continent to continent and between and within countries. In sub-Saharan Africa older people`s main source of support has been the household, family, supplemented in many cases by other informal mechanisms such as kinship networks and mutual aid societies (Cohen & Menken, 2006). Moreover, health, unsuitable residential areas, diminishing family and community support, limited social security services, lack of education and training opportunities, limited employment and income generating opportunities and lack of balanced diet and shelter are some of the factors contributing to the poverty of elderly people (HAI, 2013).

Furthermore, the average life expectancy has risen significantly in Ethiopia from low of 45 years in 1990 to 64 years in 2012 (WHO, 2004). Education plays a vital role for people to lead their life in a systematic way as well as help as sources of income. For example, it is the fundamental driving force for the development of human resources. It is through this trained and skilled human power that the socio-economic development of a country achieved (Staff, 2004). This indicates that education changes the life condition of people by improving the health conditions and feeding habits of people and these facilities contribute to the decrease in mortality and increased life expectancy of people. The proportion of the elderly people in the society increased followed by increase in life expectancy.

In sub-continental societies, old people were taken as a source of honor and reverence from the society at large and their family treated them humanely and with care and sympathy (Nesa, Haque, Siddiqua, & Haque, 2013a). However, the advent of industrialization and urbanization has drastically changed social and family life. In addition, the joint family has disappeared and people in the society are becoming more and more individualistic. Therefore, to fulfill the gap in support from the family, the elderly people need support from governments and the community.

Elderly have rich experience, wisdom, knowledge and skills gained over many years. They are asset of society and can contribute to the socio-economic development if they are provided an Opportunity and given protection. They are among the one who laid a foundation for the current society. Hence they need reciprocated action pragmatically and morally, helping elderly and



creating conducive living environment is appealing (Amenti, Dereje and Nega, 2018). Hence, it is the government and the community that have to protect the elderly by providing support for them.

### **2.7. Challenges of elderly people**

The rapid pace of economic development in most countries has resulted in shifts from rural agricultural societies to more urbanized industrial landscapes with accompanying changes in social and family structures, improved life expectancy, and more people living into advanced old age. However, in many regions of the world where young adults must migrate to cities for job opportunities, elderly adults are left behind without family members living nearby. These changes in intergenerational contact are compound when adult children immigrate to other countries for better job and educational opportunities. All the world regions are experiencing an increase in the absolute and relative size of their elderly populations but tremendous variation will occur in aging patterns across countries and regions. Global aging is occurring for two major reasons: More people are living longer and fertility rates have declined in many regions of the world. Elderly people have been facing many problems due to many social and economic reasons in many parts of the world, as well as in Ethiopia. For instance, as people aged, health problems increase and social networks decrease as peers die, making the elderly less happy (Nesa et al., 2013a). Similarly, Dionigi (2015) and Megret (2004) found out that elderly people most of the time visit health centres and live in low socio economic status in different areas.

The prevalence of poverty among elderly people also linked to educational levels, including differing level of literacy. Lack of material means is not the only problem of poverty. Another consequence is the inability to participate effectively in economic, social and political issues. Elderly people living in poverty find themselves socially excluded and isolated from decision - making process. This affects not only their income and wealth but also contributes to poor housing, ill health and personal insecurity. Elderly people in Ethiopia face multiple problems of vulnerability and social exclusion. Traditionally, elderly persons receive supports from families and communities, but these support mechanisms have declined largely due to various reasons (HAI, 2013).

Ageing is natural and inevitable consequence of human life. Once born, there is no scope for man from old age. Old age bring both physical ailments and social problems. Major social problem of the old people is their adjustment to their surrounding social world in general and their immediate families in particular. Old people very often feel neglected and forgotten.

In pre-industrialized era, old people were taken care of in a joint family structure. Also the sub-continental societies, old people were taken as a source of honor and reverence from the society at large and their family treated them humanely and with care and sympathy (Nesa, 2013). However, the advent of industrialization and urbanization has drastically changed social and family life. In addition, the joint family has disappeared and people in the society are becoming more and more individualistic.

Over time, this has led to the undermining of the roles, status and the welfare of elderly people who are increasingly becoming socially isolated and psychologically depleted. Hence, the social role and participation of the elderly have to be investigated.

### **2.8. Coping mechanism of Elderly people**

Although older people challenged from various deficit they have several means in which they cope up with. Coping is also seen to be related to human personality trait and a time changing process in accordance with the situation we found ourselves in (Kuria, 2012, p.18) cited by Ayele, (2017). The coping styles of older people are categorized into problem focused, emotion focused, active, adaptive, avoidant, problem solving, corrective or preventive.

For this study the above categories can be clasified into two main areas. First, adaptive coping in which acceptance , hope, change in perception, re-definition of self, avoidance, dropping responsibilities, prayer, less fear for life & death are included. Second, active coping in which exercise, education, social interaction, getting busy, rest when needed, therapy, medications, and good living are included.

In other word, active coping is the effort of older people directing their challenge to change the situation as much as possible. On other hand, adaptive coping is the mental or psychological adjustment of older people to approach their challenge since the challenge is seen unchangeably. Almost in similar way, it was stated that strengthening resilience capacity as coping mechanisms (Zaidi, 2014).

Mustakallio (2015, p. 29) discussed coping at home categorized into two areas. Those are coping with daily life and coping with ageing. The researcher further elaborated each as “coping with daily life are time, routine life, feelings and economy”. Attitudes and changes were categorized to coping with ageing”. He emphasizes routine life as follows: “Routine life involves everyday doings and assistance. Everyday doings for older people are composed of personal hygiene, dressing, taking medication, gardening, learning things, reminiscing and rest. Reading, listening, writing, watching and household chores such as cooking, doing dishes, cleaning and doing laundry, baking and craftwork constitute their activities (Mustakallio, 2015 p.31)”.`.

Adjusting the way of sustaining economy is one ways of coping mechanism for older people. Thus, Pension is a crucial thing in a case of economic in which older people meet current need and save for future. Regarding to coping with ageing, the attitude of optimistic and pessimistic older people in their life is identified, (Mustakallio, (2015)

Hence, the coping mechanism of elderly people when the reciporical relation with their families broke needs to be investigated in different areas.

## **2.8. Overview of Ethiopia National Social Protection Policy**

MOLSA, (2012), described that Social protection is a central public policy component for countries addressing poverty, vulnerability and inequality. Investing in social protection reduces the vulnerabilities of poor people to external shocks such as aggregate income shocks, instability in the price of essential commodities and the effect of climate change. Establishing Ethiopia’s social protection framework is part and parcel of an integrated approach to

the progressive realization of social and economic rights noted in article 41 of the constitution (MOLSA, 2012).

### **2.8.1. Older People National Action Plan in Ethiopia**

The plan attempted to assess the current number of older people as well as projected the future number will be reached. Accordingly, in 2022 the number of older people may reach to 5,325,652 from 3,568,810 in 1998 report. What we understand here is that the number of older population is on the way of increasing, and need successful plan for proper response (MoLSA, 2016).

### **2.8.2. Formal Social Protection schemes**

While policy makers in sub-Saharan Africa such as Ethiopia are becoming increasingly aware of the needs of older people, there is general agreement that the types of social welfare programs in place in other parts of the world are too expensive to replicate in sub-Saharan Africa given the size of their economies (Kalasa2001as cited in (Cohen & Menken, 2006). The concept of social protection is one that is gaining increasing attention in development circles as a useful policy framework for addressing issues of poverty and vulnerability (Garcia &Gruat,2003 as cited in(Cohen & Menken, 2006).

Ethiopia has drafted a national social protection policy. According to MOLSA, (2012), the policy defines social protection as being a set of ‘formal and informal interventions that aim to reduce social and economic risks, vulnerabilities and deprivations for all people and facilitates equitable growth’ except for these few countries. The extended family unit remains the main source of support for the vast majority of older people in subSaharan Africa when they can no longer work (Cohen & Menken, 2006).

#### **2.8.2.1. Social Security programs**

In Ethiopia Social Security Agency has managed a social insurance scheme since 1963. But the coverage was limited to civil servants, the police and military. The Social Insurance Scheme , which is a contributory pension scheme provides benefits in old age, invalidity, survivors and employment injury for 1 percent of Ethiopians. Thus, even the 7.2 percent of workers who

have social security coverage is limited to the employees of government and parasitical institutions (MOLSA, 2012).

The private and charitable organizations, which employ less than one percent of people of working age, provide some employment benefits including a contributory provident fund that employees are paid, usually at termination of employment. They may cover part or all of health fees that employees may incur. Other than the above schemes, almost all self-employed and unemployed people have no access to any kind of formal social insurance (MOLSA, 2012).

In many Western countries, formal social security is an important policy instrument for governments to redistribute wealth, combat poverty and reduce inequalities between various segments of society. But in sub-Saharan Africa, current social security schemes are extremely marginal both in terms of percentage of the labor force that is covered and the size of pensions that are received. In most sub-Saharan African settings, national social insurance schemes cover less than 5 percent of the labor force and expend less than 1.5 percent of their gross domestic product on pensions (Fox & Palmer 2001 as cited in (Cohen & Menken, 2006). Consequently, in the majority of countries in Sub-Saharan Africa, social protection programs have a very modest effect on poverty alleviation.

Hence, the elderly whose reciprocal relationship broken need to get attention of different stakeholders and their living conditions need to be investigated so that to get experiences of their coping mechanism and source of support.

### **2.8.3. Informal social protection Schemes**

A wide variety of informal community-based arrangements have been developed in rural areas aimed at spreading risk among friends and extended family members, with neighbors, or with other participants. These can often involve self-help or community based initiatives that draw on sub-Saharan African traditions of shared support and kinship networks (Dhembayet al.2002 as cited in (Cohen & Menken, 2006).

Burial societies, for instance, *Iddirs* in Ethiopian terms, are another form of rotating savings scheme. Much more is known about in-formal social security systems in sub-Saharan Africa than about formal social security systems, but it is generally believed that informal schemes also suffer from a number of chronic problems and in their current form fail to provide much in the way of long-term protection against various forms of risk (Mchomvu et al. 2002 as cited in (Cohen & Menken, 2006). The forms of care provided can range from assistance in dressing, bathing and ambulating to sophisticated medical life support systems (Gelfand 1984 as cited in (Sibuh, 2015).

Social and demographic changes throughout Africa show a weakening of family and community networks resulting in a reduction in informal support from family and friends to allow elderly people to remain at home. According to (MOLSA, 2006), there is an argument in the field of Gerontology that institutional care can be used as a last resort when highly vulnerable older persons need strict surveillance with the help of day attendants.

An important policy question with respect to any social welfare program has to do with the extent to which the program creates dependency and has a negative effect on labor supply. Bertrand et al. (2003) as cited in (Cohen & Menken, 2006) found that pensions can have a negative effect on the labor supply of working-age adults residing in pension-receiving households. However, Bertrand et al. (2003) investigated only the labor supply of adults resident in the house-hold.

Another crucial policy question in the region is whether economic growth is needed in order to broaden the social safety net. Kakwani and Subbarao (2005) as cited in (Cohen & Menken, 2006) investigate the likely fiscal implications of providing some sort of social pension to older people in various sub-Saharan African countries and study the impacts on poverty rates. In Ethiopian context the government started urban safety net program for poor and the people who can not support themselves. This program is started only in 11 cities of the country but not in all towns. Therefore, the question how the elderly in the towns live with out social protection need to get answer with investigation.

## **2.9. Social Support of Elderly People**

It is the exchange or provision of supportive behaviors that can range from emotional to instrumental (Walen & Lachman, 2000). Care and support enable people to do the everyday activities that most of us take for grant (Saleh, 2013). The types of social support for elderly need to be studied.

### **2.9.1. Types of social support**

According to (Milne, 2012), four main categories of social support have been identified: emotional, appraisal, informational and instrumental support. Instrumental support, which is direct support to an individual in the form of financial assistance, skills training, health service, transportation; Emotional support, which includes close friends or family members or professionals who provide help for emotional needs or personal crises. Informational support, which includes providing information about a need or referrals for help, including health related information; appraisal support, which meant simply being with other individuals who have mutual interests.

Family is still believed to be the main source of care for elderly people. Elderly people without family support end up to begging in the streets or living in destitute condition around places of worship and also elderly people feel lonely (HAI, 2013). Family structures and living arrangements of elderly people have changed considerably in the past few decades in developing countries (Zeng, Crimmins, Carrière, & Robine, 2006). The needs of old age population are not restricted to health complications but they are vulnerable to growing inadequacies in customary family support systems, prone to poverty and exclusion from health services (Aboderin, 2005).

Khan et al. (2014) states that marital status plays high role for determining quality of life of the elderly. The elderly who have life partner are able to share their mental distress and can have more enjoyable and better wellbeing (Khan, Mondal, Hoque, Islam, & Shahiduzzaman, 2014). Mwanyangala et al. (2010) asserts higher quality of life is associated with being married, a high level of education and higher socio-economic status. Thus, the family arrangements and their

living conditions of different elderly need to be studied. In addition to family, community also supports the elderly in one or another way by providing different types of supports.

## **2.10. Community-Based Support for Elderly**

In many parts of the world, governments have introduced various community based services and programs to support the elderly and their families bearing in mind the peculiarity of their environment. In United States for example, some of the programs are federal sponsored; some are state; yet others are private with the state or federal government subsidizing and/or supervised. In Britain some of the programs that are geared towards encouraging the elderly to remain at home include: “Staying Put” and “Care and Repair” projects where government give grants to voluntary agencies to help make the homes of the elderly more comfortable (Lassey & Lassey, 2001). The case of Ethiopia is different from these countries. The community in Ethiopian context support the elderly who lack care and support from their family and other vulnerable people through CBOs (Iddirs), Religious institutions and as informal groups. Thus, the practice of community in supporting elderly needs to be investigated.

### **2.10.1. The Role of Community-based Organizations (CBOs) in Ethiopia**

#### **2.10.1.1. The Role of *Iddirs***

In Ethiopia, `Iddir` is one of the several community-based support network systems that are established as support resources. Supporting each other, claiming support and accepting support from the family system, friends, neighbors and the larger community is profoundly embedded within the socio-cultural settings of most Ethiopian communities.

*Iddir* refers to an indigenous community association established primarily to provide mutual aid in burial matters but also to address other community concerns such as orphans and vulnerable people and they may serve as a key support mechanism at times of stressful life events through the provision through the the provision of food as well as allowing sick members to use their post death payouts for health related service. These informal social networks and associations are sources of social support that most Ethiopian use in times of social and economic difficulties (Kidane, 2017). Moreover, currently, the government organized community care coalition in urban kebeles to support vulnerable people based on community participation. This coalition encompasses the representatives of local community *Iddirs*. The



coalition is important to enable community so that to solve its problems by itself. Hence the role of community and practice of social support by the *Iddirs* for the elderly needs to be investigated.

#### **2.10.1.2. The Role of Religious Institutions**

Religious institutions also play a great role in supporting people in need like elderly. In Ethiopia, there is no formal institutional support system for the vast majority of elderly citizens. Religious donations as revealed by Ayalew et al. (2016) are the main livelihood strategies of their respective communities.

These Godly donations through Vow, Asrat, and Mudaye, Metsewat are commonly preferred in many ways. It is one of the sources for supporting elderly who lack social capital and other supports. Therefore, religious driven activities in communities of Ethiopia not only impedes but also facilitates development since the issue and/or concept of development itself goes beyond economic aspects. It goes to emotional development.

The Ethiopian Religious institutions have been playing a significant role in development efforts in Ethiopia. The development wing of the Churches revealed that the institutions play a significant role in socio-economic development. One of the missions is to assist the disadvantaged communities in Ethiopia to attain self-reliance through tackling the root causes of poverty, drought, conflict, gender inequality and fighting HIV/AIDS pandemic by promoting Sustainable development programs and community empowerment (EOC-DICAC, 2005) by Memberu, 2017) cited by (Gobena, 2018).

In addition, the representatives of Religious institutions are also members of the community care coalition at kebele level to support the needy people. They play their role both in the community as stakeholders and also in their institutions. Therefore, the practice of Churches in supporting the elderly need to be studied.

The Ethiopian religious institutions have been playing a significant role in development efforts in Ethiopia. The development wing of the Churches revealed that the institutions play a significant role in socio-economic development. One of the missions is to assist the disadvantaged communities in Ethiopia to attain self-reliance through tackling the root

causes of poverty, drought, conflict, gender inequality and fighting HIV/AIDS pandemic by promoting Sustainable development programs and community empowerment (EOC-DICAC, 2005) by Memberu, 2017) cited by (Gobena, 2018).

In addition, the representatives of Religious institutions are also members of the community care coalition at kebele level to support the needy people. They play their role both in the community as stakeholders and also in their institutions. Therefore, the practice of Churches in supporting the elderly need to be studied.

### **2.11. Theoretical Perspectives of Aging**

Some influential theoretical ideas have been developed and influenced understanding of old age and aging. Some of these are disengagement theory, activity theory, social exchange theory, political economy theory and modernization theory.

The purpose of this section is to present a theoretical framework that can describe the practice of social support for the elderly people. By understanding and describing how people age and act in relation to their late ages, sociologists have developed several different theories of aging and elderly people. Each perspective is underpinned by a set of values and implications for practice. Therefore, in order to explain the above-mentioned issues, social exchange theory is the most important perspective in relation to the practice with social support.

#### **2.11.1. Disengagement theory**

This theory argues that ageing involves a gradual and inevitable withdrawal of the elderly from socio-economic participation in preparation for death. The theory further posits that such withdrawal is mutually beneficial for both older persons and the society (Victor, 2004). It devalued the status and self-esteem of those people who do work with and look after older people.

#### **2.11.2. Activity Theory**

This theory entails that social activity is the essence of life for all people of all ages, including the elderly. The theory postulates that, those that are able to remain socially active will be more likely to achieve a positive self-image, social integration, and satisfaction with life“

(Reed, 2015). Although activity theory is appreciable in encouraging older persons' participation in social activities, it follows one size fits all approach which may lead to forcing all elderly to participate and withholding of social support for the elderly who are not in labor force.

### **2.11.3. Political Economy Theory**

In addition, this theory of aging is drawn from Marxian insights in analyzing the capitalist complexity of modern society and how old age was socially constructed to foster the needs of the economy (Estes, 1979). This critical branch of Marxist gerontology grew as a direct response to the hegemonic dominance of structural functionalism in the form of disengagement theory and activity theory. This perspective stipulates that socioeconomic, political forces and generally structural factors shape the experience of ageing (Bengtson, Burgess, & Parrott, 1997).

This theory argues the association of old age with disease and inevitable decline ought to be disregarded and old age shall be seen as a social rather than biological process. It further argues many experiences related to aging are not the inevitable biological process but results from the socio-economic conditions and inequalities experienced over the life courses (Estes, 2001). Disengagement and activity theories of ageing overlook the role of socio-political structural factors and support the statusquo by reducing the problems at old age to older individual.

### **2.11.4. Modernization Theory**

Morgan and Kunkel (2001) suggested about modernization theory that the primary cause of the elderly losing power and influence in society is the parallel forces of industrialization and modernization. As societies modernize the status of elderly people decreases and they are increasingly likely to experience social exclusion. The central view of modernization theory is that as societies modernize the elderly unable to work outside of the home and are seen as a burden in the society.

### **2.11.5. Social Exchange Theory**

This theory proposes that interaction is only sustained as long as it is profitable to the participants. This theory argues that as older people has less to give in an economic sense;

they become powerless, passive and compliant. However, this fails to acknowledge that older people have currencies other than money to barter in their exchange with other people. These include knowledge and experience (Policy, 2015). The view of this theory relates with the opinion of some community members at the study area. The members who are engaged in the support believe that the elderly are sources of blessing and they need to gain blessing for their success and also for their next generation. As young people support the elderly they gain blessing from the elderly. Here, we can understand exchange between the young people and the elderly.

Moreover, they believe that they are paying for the elderly for the contribution of these senior citizens for the young generation with their wisdom and sharing their experiences that reinforce traditions of intergenerational exchange and reciprocity. Furthermore, when the elderly were in productive age they contributed more for the new generation and still contributing with their wisdom and experience in the community.

Since the overall objective of this study is to assess the living condition of the elderly and practices of social support, social exchange theory led the study because social support is needed to support those elderly who the sources of blessing to the community members and also contributed more in their young age and still contributing for the community through their experiences and wisdom. They need support and also the interaction between the community and the elderly is bonded with this support. Therefore, social exchange theory can however be applied to the study in the sense that the members of actors support the elderly and the elderly can provide blessings to the actors. Inline with the main tenet of social exchange perspective, the end goal of this study's finding is promoting the community efforts in social support and its contribution for the wellbeing of the elderly.

## **CHAPTER THREE: METHODOLOGY OF THE STUDY**

### **3.1. Introduction**

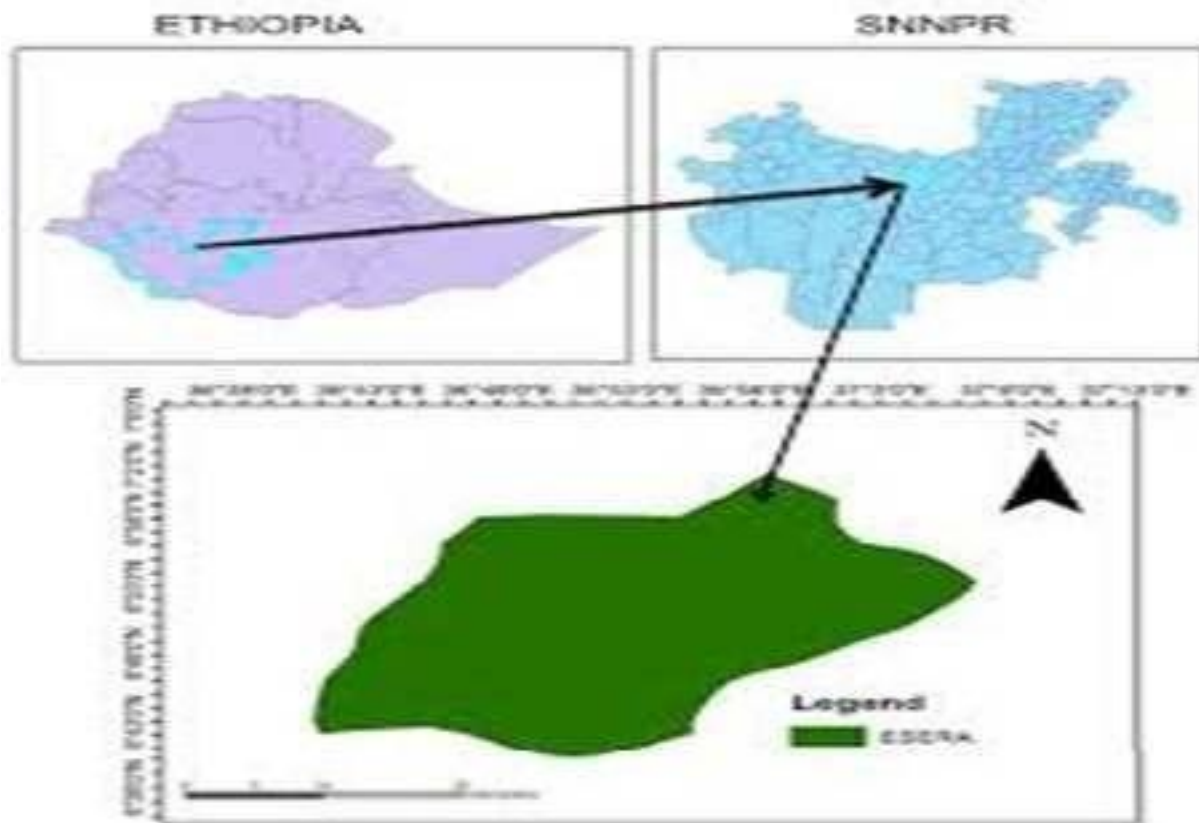
Method is one of the critical areas in a given study that determines the quality of any research. Once the method is distorted, it is impossible to observe and measure whether the study is empirical or not. In order to escape from such confusion, the study employed

relevant and scientifically recognized study techniques of data collection and analysis. Therefore, this chapter deals with the methods and techniques the researcher used in the study process. Accordingly, it comprises research approach and design, description of the study area and population, sampling techniques, methods of data collection, data analysis, ethical consideration and thrustworthiness of the study.

### **3.2. Description of the Study area**

The Study was conducted in Durame Town Administration, Kembata Tembaro Zone, which is located in the South Nations Nationalities and People Regional State at a distance of 315 kms from Addis Ababa and 119 kms from the Regional capital Hawasa. Durame town administration is one of the four town administration towns in the zone. It is bordered by Kadida Gamela woreda in the South East, Kachabira woreda in the South, Kadida Gamela woreda in the North and Kedida Gamela woreda in the West. It has three urban Kebeles namely *Zeraro, Lalo and Kasha* Kebeles. The minimum and maximum air temperature of the area is 28 oc and 29 oc respectively. The average annual rain fall is 1450 mm which is one of the highest in the south region. The study is proposed to be carried out in all kebeles of the town administration because the number of the Kebeles is only three and it is accessible to reach easily. The town comprises an area of 4384 square kilometer. According to the socio-economic study of the town report (2016), the total population of the town is 101,896 of which 43,620 are male and 56,176 are female which has the total households of 22,644. Concerning religious composition, majority of the inhabitants are Christians, while 74 % of the population is Protestant, 24% Orthodox and the rest 2 percent is Muslim. The ethnic composition is 85% Kembata and 6% Tembaro; all other ethnic groups make up 9% of the population.

Fig 2. Map of the study area



The study setting was selected because the researcher was working at that town and when the researcher was working at socio-economic study of the urban plan preparation , I observed many living situations of some elderly and interested to investigate their living conditions and also what the sources of social support for them is.

### 3.3. Research approach

Using appropriate research method is a key step to achieve the research objectives. For this study, qualitative approach is preferred, because the nature of the objectives needs the response of the elderly from their lived experience concerning their living condition, social support they obtain, their perception towards the social support. In addition to that, the response of the support providers about the types of support they provide and their practice, the opportunities that may enhance the provision of social support and challenges the social support being encountered, need to be investigated qualitatively. In other way, to collect data that can cope up the objectives of the research and also to triangulate the information, the study used

different qualitative data collection methods such as in-depth interview, key informant interview, focus group discussion, and document review and field observation.

### **3.4. Study design**

The study design which has been employed in this study was narrative study design. This design was chosen because it helps to describe the lived experiences and practices of individuals to get meaning from the respondents themselves. According to Clandinin and Connelly, (2000), narrative research design is a way of understanding and inquiring in to people experience through collaboration between researcher and respondents, over time, in place or series of places and in social interaction with setting. It focuses on the lives of individuals as mentioned through their own stories. Thus, it could help to describe the lived experiences of individuals to get meaning from them in the way they mention. This design is believed to assist studying the living conditions of the elderly and the social support practices by family members, community-based organizations (*Iddirs*), religious institutions and the informal association as well as data related to the perception of the elderly towards the social support they obtain, opportunities that enhance the support and challenges that the social support being encountered in the study area.

Data collection was conducted from March 4 to April 5, 2020 and data analysis was from April 8 to May 10, 2020. During data collection, a tape recorder was used and notes of the responses of the participants were taken. Thus, corresponding data were collected and analyzed to achieve the study objectives.

### **3.5. Population of the study**

The focus of this study is the elderly people who are the age of 60 and above at the study area. There are a total of 2011 elderly people living in the town of which 946 are male and 1065 are female which constitutes 2.56% of the total population (socio- economic study of the town structural plan, (2016). According to the Labor and Social Affairs Office in the town, the number of elderly who are retired and have formal pension is only 26 (1.29%) of which 24 are male and 2 are female.

In addition to that, 162 elderly lacked social support because of different problems in reciprocal relation with their family networks and leading difficult life in the town. This is

verified during selection of needy elderly for urban safety net program. The rest 1823 of which 831 are male and 992 are female elderly who have their own family support and regular income.

Therefore, the study population of the study focuses on all the elderly at the study setting.

Table 1: The population of the study

Subject	Number of the elderly		
	Male	Female	Total
Total number of the elderly	946	1065	2011
Retirees who have pension	24	2	26
The elderly who have no care and support	91	71	162
The elderly who have family support and Income	831	992	1823

Source-Labor and social affairs office, 2016,

In addition to the elderly, participants of the study are leaders of religious institutions, representatives of communitybased organizations (Iddirs), representatives of an informal community based volunteers association and experets from Labor and Social Affairs Office were participants of the study as key informants.

### 3.6. Sampling Technique

The study used non-probability sampling procedure to select the participants for qualitative data collection using purposive sampling technique. According to Padgett (2008), purposive sampling technique in qualitative research is made to deliberately select respondents based on their natural ability to give the required information.

Therefore, to determine the sample respondents from the elderly, the researcher selected the Participants based on their ability to express ideas. This selection was done by having informal discussion with some elderly and community leaders on overall issues of the elderly and then the researcher selected the active participants for the interview. The Iddirs leaders and voluntary



social workers also support the researcher by giving information about the elderly in each category.

Therefore, the elderly participants the researcher employed were from different categories based on their socio-economic situation. These are the elderly people who lack family care and support, the elderly who get support from the supporters and those who do not obtain support and also the elderly who have their own family support and have their own income to understand the living situations of the elderly from different socio-economic background who were volunteer and motivated to participate in the study.

In addition to that, to select sample participants from the actors of social support, ( CBOs, religious institutions and the volunteers association), the researcher used the representatives of each group. Hence, representatives of religious institutions, *Iddirs*, the informal association and experts from Labor and Social Affairs Office *were* participants of the study as key informants.

Moreover, to obtain sufficient information from the elderly and the community, FGDs of the elderly men and women in different FGDs and the members of CCC were carried out by taking the elderly from interview participants and also other additional elderly by the help of trained social workers and leaders of *Iddirs*. The focus group discussion with the members of the CCC was employed, because the members are organized as a committee for the same task and they are gathered from the community itself.

### **3.6.1. Sample size of the study**

With regard to the size of participants in qualitative study, different authors suggested varied number of participants for study. Creswell, (2007) suggested 4 to 5 cases to get ample information on the issue raised in in-depth interview. There are also various arguments in determining sample size in phenomenological study design. For instance, Groenewald (2004) recommended that ten individuals are relevant as participants under a given study. On the other hand, Mason (2010), by taking ideas of different scholars in to account, agreed on the point that five to twenty five individuals are important as participants in a given study.

In addition, in a qualitative study, the sample size is determined on the basis of theoretical data saturation which the point in data collection when new data no longer bring additional insights to the research objectives (Mack, Woodsong, Macqueen, Guest & Namey, 2005).

Likewise, Suri (2011) stated that “Data saturation associated with the stage when the further collection of evidence provides a little in terms of further insights, perspectives or information in a qualitative research” (p.72). In addition, Ritchie and Lewis (2009) noted that in qualitative research, sampling continues until theoretical saturation is reached and no new analytical insights are forthcoming.

Although the above authors suggested this number, the study employed nine elderly for in-depth interview (3 men and 6 women elderly) based on different categories of the elderly and considering their difference in access to the social support. Besides the researcher used the interview until he get sufficient information about the issue.

Moreover, three FGDs were carried out using eight men elderly in FGD1 and seven women elderly in FGD 2 by taking the elderly from the interview and the social worker facilitated the groups based on their socio-economic conditions. Furthermore, the study utilized nine members of CCC as one FGD in the study and totally 24 discussants were participated in three FGDs.

In addition to that, 10 participants were involved in key informant interview. These were two experts from the Labor and Social Affairs Office based on their responsibility in their office, leaders of the three community Iddirs, four churches and representative of the informal association were taken for triangulation of the information.

### **3.6.2. Inclusion and Exclusion Criteria**

To select study participants from the elderly to carry out in-depth interview and FGDs, the researcher used the natural ability to express their idea having information from Iddir's leaders and social workers, and also having informal discussion with some elderly. Similarly to exclude the participants the researcher employed their self reported and observable health conditions.

### **3.7. Data Collection Methods**

This study employed qualitative data collection methods which are in-depth interview, focus group discussion, Key informant interview, field observation and document review to gather information.

#### **3.7.1. In-depth Interviews**

This method is suitable to obtain individual's lived experience, opinions and feelings and it guarantees a high response rate and makes it easier to explain questions to informants (Ridenour et al., 2008). Therefore, in this study, in-depth interview was conducted with the elderly who were selected purposively. In depth interviews mainly focused on information about the individual's sociodemographic characters and socioeconomic status regarding source of income, the structure of family, health condition, social participation and roles pattern of social support, current needs and problems, housing condition, types of support being provided, their feeling and complaints towards the social support. The interviews with the elderly were carried out where the elderly sit. Some were interviewed in their home and the others were interviewed in church yards.

#### **3.7.2. Focus Group Discussion**

Focus group discussion is a form of group interview, not in the sense of backwards and forwards between interviewer and group. Rather, the reliance is on the interaction within the group who discuss the topic supplied by the researcher, yielding a collective rather than an individual view (Morgan, (1988). Hence the participants interact with each other rather than with the researcher, such that the views of the participants can emerge as the participants' rather than the researcher's. It is from the interaction of the group the data emerge.

Therefore, this method was used to collect views of local people towards the living condition of the elderly, the social support they obtain and their perception towards the support. In addition to this, the FGD of CCC discussed on the opportunities and challenges the provision of social support being encountered. The participants of the FGDs include the elderly and members of Community care coalition at three separate sessions. Basically, the elderly's FGDs were

conducted to answer objective number one, two and three of the study, where as the CCC members` FGD was conducted to answer objective one, two, four and five of the study. The discussion was facilitated by the help of social worker and time taken for each FGDs was 40 minutes. The discussion guide was prepared in English and translated to Amharic and then transcribed and translated in to English for the purpose of analysis.

### **3.7.3. Observation**

Observation is a qualitative technique of data collection in which the researcher takes field notes on the behaviors and activities of individuals at the study site. The researcher employed observation as a source of data collection technique to observe the residential housing conditions and the daily activities of the older people. During observation, the researcher took notes about the living conditions of older people and their coping strategies in the study site as well as by the time of interview. Related with this, Yin (2003) stated that observation might be made through a field visit including those occasions during which other evidence carried out.

The researcher observed the physical characteristics of the study area where some homeless older people are sleeping, the physical housing condition where the elderly are living and their clothing situation in the town. This is because the physical environment and sleeping places are potential to understand the challenges and living conditions of the needy older people in the town. In addition, during the in-depth interview, the researcher observed the daily activities of the elderly people.

Therefore, the researcher obtained different observable behaviors of the elderly people towards their living conditions and coping mechanism which can substantiate the data obtained from an interview. Yin (2003) stated that “Observational evidence is often useful in providing additional information about the topic being studied”.

The researcher may be able to see what the participants of the study cannot express, and the data obtained from observation can be a useful check on and supplements to information obtained from other sources. Considering those advantages, the researcher employed observation data collection technique as a potential source of data in order to triangulate the evidence with an in-depth interview, key informant interview, FGDs and document review data. Finally, in order to generate observational data, the researcher prepared observation checklist.

The observation check list was prepared consisting with the research objectives and associated points such as the sleeping place of older people, observed health conditions of the elderly people, water and sanitation sources of homeless older people, and observable coping strategies being utilized by helpless older people. In addition, the observation check list was prepared as best to fit for cross-checking with other sources of evidence.

The researcher employed the observation check list in exploring the situation of the population under study as observing physical traits, observing the feeling of informants, the health situation of the informants, as much as possible observing the life style of informants within their residence.

In line of (Kawulich, 2005), direct observation of the elderly people daily activities and living condition in their area was also employed to collect contextual qualitative information. It is important to observe the living situation of the elderly to have more confirmation to the living conditions of the elderly. The researcher used a participant as observer observation method.

#### **3.7.4. Key informant interviews**

Qualitative information collected through in-depth interviews, focus group discussions, document review and field observation was triangulated with key informant interviews. Key informant interviews were conducted with the experts of Labor and Social Affairs Office, representatives of *Iddirs*, leaders of the religious institutions and representative of the informal association.

The data was collected by using open ended interview guides to extract additional information about the living conditions of the elderly, the efforts the government bodies and the community-based- organizations and institutions have in implementation of government plan and community participation concerning elderly in the town. Moreover, their opinion on the social support and the role of the community as a whole was identified. In addition to that, the opportunities that may enhance the provision of social support and challenges the provision of social support for the elderly face were also gathered from the key informants.

### **3.7.5. Document Review**

The written documents such as social protection policy, plan of action, the South Nations, Nationalities and People Regional State implementation guideline of CCC, annual plan and report documents of the Labor and Social Affairs Office and the documents which show the number of elderly in different categories were reviewed in order to use it as a secondary source of data.

## **3.8. Source of data**

### **3.8.1. Primary data**

Primary data sources are those which are collected new and for the first time, and thus happen to be original in character (Kothari, 2004). This type of data were obtained from in-depth interview, key informant interview, focus group discussion and field observation in this study.

### **3.8.2. Secondary data**

Secondary data were gathered from written policy documents, published and unpublished and unpublished researches and documents from Labor and Social affairs office.

## **3.9. Data analysis technique**

Qualitative information was analyzed using thematic analysis. Information collected through in-depth interviews, FGDs, key-informant interviews, document review and field observation was transcribed, organized and classified into thematic topics according to the order of the research questions and then it was analyzed and interpreted to reach in the stage of the findings of the study. The qualitative data gathered from field was assembled and cross checked to avoid inconsistency of information and then it was analyzed using content and thematic analysis. It was employed for it is best suited to achieve the objectives of the study by analyzing oral accounts of the participants based on their lived experiences and practices. Therefore, by employing this method, the study used thematic analysis of the living condition of the elderly, the support being provided, the perception of the elderly towards the support and the opportunities and challenges that the social support process being encountered.

### **3.10. Ethical consideration**

To follow the ethical protocols in research, first the researcher took permission requesting letter from the department of Sociology to Durame Town Administration Labor and Social Affairs Office to ask permission for study. Moreover, written informed consents were obtained from the involved elderly and the actors of the social support. The consent forms and information sheet were prepared in English and translated into local languages (Amharic). Explanations on the forms were given to the elderly and the actors; and they were requested to sign the forms to show their agreement in providing the required information. The participants ensured that the information they gave would be kept confidential and never cause them any harm in anyways.

As their participations can be on voluntary basis, they were told that they could withdraw from the study at any time. Those who were unwilling to participate in the study were not, in any case, obliged to do so.

### **3.11. Thrustworthiness**

To maintain trustworthiness of qualitative research Guba (1981) had adopted four aspects that determine trustworthiness. Those are credibility, dependability, transferability and conformability. There fore the study discussed those elements in relation to the study conducted.

#### **Credibility**

Guba, 1981 raised `` How can one establish confidence in the `truth` of the findings of a particular inquiry for the subjects with which the context in which the inquiry was carriedout? ``

This element refers to the point at which the study represents the meaning of the research participants. It is a kind of ensuring the findings are derived from a data collected. Accordingly to maintain credibility of this study, appropriate qualitative research methods were had been employed in relation to the study conducted. Attempts were made to employ appropriate and multiple data collection methods to get rich data and triangulate it.

Moreover, what was obtained in the above methods of data collection, it was tried to be checked through field observation.

### **Dependability**

Guba, 1981 raised that `` How can one determine whether the findings of an inquiry would be consistently repeated if the inquiry were replicated with the same subjects in the similar context? This aspect refers to the reliability and consistency of the study findings and to the point to which the study procedures are expressed so that so that to allow some one outside the research to make sound suggestion.

For this purpose, in relation to the study conducted the same kinds of methods that were employed for one informant were also repeatedly employed to the other informant to maintain dependability element.

### **Transfereblity**

Guba, 1981 raised that `` How can one determine the degree to which the findings of the particular inquiry may have applicabile in other contexts?``

This refers to the degree to which the finding indicated in one research are useful or appropriate to other future study. In relation to this aspect the study was conducted in the language the participants use, no transcribing was needed; and description of the phenomena was included so that to make future comparison.

### **Conformability**

Guba, 1981 raised that ``How can one establish to the degree to which the finding of an inquiry a function solely of the subjects, not of the biases, motivation, interests, perspectives and so on ? This indicates that the results should clearly link to the conclusion of the study. It should avoid individual bias. For this purpose the findings of the study were discussed with the researcher`s friends to see if they agree or make modification so that the study could able to represent according to their meanings.

In conclusion inorder to keep the trustworthiness of the data collected, the data were analysed and interpreted at a time , the researcher attempted to set aside his prior knowledge and information about the situation of the elderly and social support practicesso that the data would be free from personal bias. Moreover, to ensure the reliability and verification of data source, different questions were repeatedly posed to the respondents.



In addition to that, to ensure the trustworthiness of the study, the interviews and FGDs were only conducted by the researcher himself in order to maintain a high quality of data. All the interviews and the FGDs were tape recorded and field notes were taken during the interviews for key points. This helped to ensure the trustworthiness of the data.

## **CHAPTER FOUR: FINDINGS AND DISCUSSION**

### **4.1. Introduction**

This section of the study deals with the presentation of data obtained through different techniques of data collection such as in-depth interviews, focus groups discussions, key informants` interviews, document analysis and the field observation. Qualitative analysis of data was used in this chapter. The findings of the study are presented in line with the five research objectives with different themes and sub-themes. The first part of the chapter presented the findings of the study related to the socio-economic situation of the elderly focusing on the family arrangements, housing conditions, means of income, health conditions, social participation, social status and social role and also the needs and problems of the elderly. The second part focused on the practices of social support for the elderly; the third part focused on the perception of the elderly towards the support they obtain. The fourth part presented the opportunities that may enhance the provision of social support and the last part focused on the challenges the provision of social support being encountered and may hinder the provision of social support at the study area. It also included discussion of the results under each thematic area in relation with reviewed literature.

### **4.2. Findings of the study**

#### **4.2.1. Socioeconomic Situation of the Elderly**

Socioeconomic situation of the elderly encompasses the living arrangements which are influenced by different factors such as family arrangement and marital status, housing condition, means of livelihood, health conditions, social participation, and social status and roles and also the needs and problems of the elderly. Thus, the findings on the socio-economic situation of the elderly is described based on the sub-themes as follows:

##### **4.2.1.1. Family Arrangements of the Elderly**

This research finding shows that, some elderly participants were married and living with their spouses and children; some other elderly were divorced or separated and living alone; and also the other participants were widowed. The situation of these elderly is different from one another

based on their family arrangement like marital status and the existence of children. For instance, the elderly who were residing with their children were living good life and confident. They are happy in their life. For instance, the seventh interviewee old woman (IDI-G) age of 73 reflected her family situation as,

*I have a daughter who is employed and support me. I am living with the expense of my daughter and she covers all my expenses. I am living better life than many of the elderly of my age. I am happy in my life except my health problem.*

However, interviewee (IDI- B) age of 63 women described her family arrangement in an other way as, *I was divorced from my husband with lack of children and came to here to find daily labor. Nowadays. I have no children and living alone. I have no one living with me.* This indicates that the elderly is living a lonely life and exposed for loneliness.

Accordingly, an other old women also described her living situation in different way. An old woman ( IDI- A), aged 64 women, mentioned her living arrangement as follows:

*I was married but I have no children. After divorce with my husband, I have been living alone in this small house. It is difficult to get a person who shares my happiness and sorrows when I am in need. I spend much of my days in my home alone.*

As she described the problem of loneliness, `` *When I go to church or neighbor to join people, thieves robe my property* ``. This shows that the elderly is living lonely and there is also emotional problem with lack of family members. It also shows that lonely life can expose them for abuse. Incontrary, an other interviewee ( IDI-C) age of 69 old man mentioned about his family arrangement as,

*After the death of my husband, I became lonely women and things were not good for me at Wonji. My relatives advised me to be back to home land Durame. Here I lived for some years with my brothers in their house. The family was very large. It was difficult for me to live with this extended family.*

In this case we can understand that the elderly can be exposed for difficult situations because of lack of their own independent life and also extended family of their relatives is not comfortable for them. In addition to this, the other elderly who are living with their spouses and and children expressed that they get support from their children and are happy in their life.

The elderly participants in FGDs expressed different living situations of the elderly. As the groups discussants explained, the elderly who are living with their spouses, children and grand children are happy in their life because of their family where as the living situation of the elderly living alone is so problematic. They are in a difficult situation unless supported by the community. The above information clearly shows that family arrangement determines the quality of life of the elderly. The existence of family contributes more for the wellbeing of the elderly.

#### **4.2.1.2. Housing conditions of the elderly**

The information taken from the interviews, FGDs, document review in the Labor and Social Affairs Office and field observation indicated that some of the elderly respondents have their own house; some of them live in rental and kebele houses; the rest live in churches` yard. Regarding their housing condition, it was documented in this study that many elderly participants in both in-depth interview and FGDs are living in rental and kebele houses and only four older persons live in their own houses. Moreover, three of the elderly out of the total participants live in church compounds.

The elderly who are living in their private houses are relatively in safe situation, whereas some of the elderly who live in kebele houses are not living in favorable situation because of leaky roofs. Those elderly who are living in rental houses are in challenge of payment per month because of shortage or lack of their income. Those elderly who lack kebele house are living in church yards and living in severe condition. Just to narrate the voice of the elderly, one of the elderly who lives at church yard asked about his residing place as, *``I am living here with lack of residential shade and exposed for cold. I have no close relative to help me``*.

The researcher also observed the housing condition of some elderly who have no care and support in the town. Some elderly sit around churches and beg. The documents in the Labor and Social Affairs Office also indicates that, there are 55 homeless elderly living in the churches` compound and also only 7 elderly have got kebele houses. Some elderly preferred to live in the churches compound as a coping mechanism rather than living in other places which are not intended for human habitation. They made this choice to stay around the churches due to the fact that it is a safe place for them compared to sleeping on the street and veranda. In addition, when the researcher asked them, they revealed that when they are sleeping and living around the

churches, people provide money and some times clothes for them while they came for praying and congregation.

Moreover, some elderly who are living in kebele houses are living in the houses which are about to fall and their roofs are leaking. They are in problem with cold. Some others` houses are repaired by voluntary youths in the town and others are still not safe for the elderly. The houses have no water; they have also sanitation problem. The information shows that there are many elderly who are suffering from lack of residential housing and need shelter and others who live in some dilapidated kebele houses seriously need renewal of their house.

#### **4.2.1.3. Means of Livelihood of the elderly**

As seen in the interviews and FGDs data regarding means of income of the elderly, only two participants reported salary from government as their main source of livelihood before the age of 60. The means of livelihood for some of the elderly participants before the age of 60 was agriculture; some of them were engaged in private business and the others were daily laborers.

From the interviews and FGDs, it can be understood that, when they were younger and work hard, all respondents had their own income. However, most of them were engaged in the daily works. Except the government and formal non-governmental organizations, other citizens have no pension and other means of social protection.

For some respondents, their current means of livelihood sharply changed from their previous one. Four of the participants were engaged in agriculture before the age of 60, but when their farm land became part of the urban land, they lost their farm land because of urban investment before the new urban land policy without compensation. Among employed, new means of livelihood after crossing 60 is pension. The others who were daily laborers, now lack support and 8 of them engaged in begging at the gates of religious institutions, and some of them get support from *Iddirs*, religious institutions and the informal association. However, as the participants explained, the support from the above community institutions is not regular that it cannot cover the expenses of their basic needs.

A retired elderly (IDI-D) age of 67 old man who obtains pension mentioned his experiences as, *the amount of money I receive monthly is too less and it cannot cover my family`s expenses of the basic needs. I am also carrying for other dependent grandchildren whose parents died.* This

indicates that even the pension that has been paid is also not covering the expenses of the basic needs of the retired elderly.

The income of helpless and destitute elderly is based on begging and support from the community. This prevalence of begging in the study town as means of livelihood is deeply understood by field observation and key informant interviews with the leaders of *Iddirs*, churches and experts from the Labor and Social Affairs Office. Accordingly, the researcher observed three days in the town market area and gates of churches. It is usual to see some elderly sitting there and beg.

Just to express the voice of the elderly on the street, one of the interviewee (IDI-H) age of 72 old man mentioned that,

*Before coming to this town, my livelihood was based on agriculture and means of rural life. The land was sold for my medical treatment. In the town, I have no farm land and I was engaged in daily labor when I was young. Now I am too old to work daily activities. There is no another means for me except begging.*

Accordingly, others also mentioned about their means of livelihood that they were not educated and employed in formal sectors that have pension. One of the elderly age of 67 old man mentioned about his means of livelihood as,

*I was born here in Durame, and I was not educated and engaged in daily labor throughout my life. Today, I am weak without pension and other permanent income and cannot help myself. When I was strong, I supported many people, but today I am looking at the hands of others.*

The elderly FGDs discussants also described about their means of livelihood as, the living situation of the elderly at the study area is so difficult and the situation of the elderly women is even worse. The basic problems are livelihood problems related to income, residential housing, lack of family support, non-existence of governmental and non-governmental organizations who support the elderly women.

In another hand the elderly who have support from their children and had the habit of saving during their young age have their own income and they are living better life. One of the elderly who has his own income from his assets described about his means of livelihood as follows:

*I have a habit of saving and building assets throughout my life and also my children are educated and now they are supporting me and their mother with money. We have also rental houses from which we receive enough income monthly.* This indicates that the elderly with independent children have social capital in addition to their own asset. Social capital is crucial for the wellbeing of the elderly.

In general, the means of livelihood for many elderly is begging and that needs social support to prevent them from street life.

#### **4.2.1.4. Health Conditions of the Elderly**

The information obtained from the elderly during interviews and FGDs indicated that the common health problems persisted with older people are eye ache, hearing problem, blood pressure, diabetes, the problem of joint flexibility and moving declining physical force which is crucial to control oneself physically. There are also other health problems in which older people are suffering a lot. These are the problem of kidney, diabetics and sleeplessness which arisen from the tension to current and future survival, declining in memory, sight challenges, other internal problems like (*Kurtimet*) which causes serious pain around bones and joints, (*Bird Beshita*) which is caused by the influence of cold and so on. One of the interviewees (IDI- F), aged 70 year woman, stated about her challenges of health condition as,

*Ten years ago, I was not such vulnerable to various challenges of health problems, but currently I am suffering from different health challenges like blood pressure, body (kurtimeat), weakness of hearing and sight.*

Accordingly, the participants in FGDs also explained about their health conditions as they are in health problem because of sedintary life. Most of them sit at the same place for long time and do not move here and there. Therefore, some of them are suffering from diabetics.

This implies that many elderly are suffering from health problems because of sedentary life and lack of enough medical treatment and also shortage of food and unfavourable housing condition. The social health practice is also not popular in that area. Therefore, it needs to support the elderly with social health practice so that to help them move here and there rather than sitting.

As the result of the study revealed, free medical service for the needy elderly is not available sufficiently. It is said that the policy allows free medical service for the poor but in practice it is not implemented.

The key informant from the Labor and Social Affairs Office confirmed the above information provided by the elderly as,

*Free medical service for needy elderly and other poor people was allowed but with the Shortage of supply, still it is not practically seen. Because of this many elderly and poor people are applying many times to get medical service.*

Similarly, the members of CCC also explained about the provision of free medical service that it is demanded by many elderly and the poor family. The health institutions are asked many times but still no response for this problem.

#### **4.2.1.5. Social Roles and Participation of the Elderly**

The elderly participants of the study in interviews and FGDs described about their participation in their community issues that before they became older and withdraw from their jobs. They had been participating in *Iddirs, Ikub, Mahiber and Afusha* (for women) which are the social networking institutions in the area that bring community members together and providing backing support during the time of crises and other social activities with their neighbors.

One elderly woman (IDI-I), age of 78 during interview mentioned about her social participation as,

*I was a participant in (Wijo) during my working age, but now, I have no lactant cows and I Lacked that participation. I am living with the support of other individuals and I have no Capacity to participate in any social group because I have no any resource.*

This shows that the elderly are losing their sources of income and no more participation in their groups because the participation is with contribution of different financial and material resources equally with other members. So, when the elderly withdraw from their activities with age, many of them can not fit to participate in their groups and then they need support from others.

As opposed to the above elderly's situation, the other elderly man (IDI-E) age of 68, described about his experiences in the community participation saying, *``I have been participating in Iddr and church committee for the last twenty years and still I am serving as a member of that committee``.*

Messages above tell us that the social activity differs from individual to individual because of individual difference and experiences during his/her working age. All individuals are not equally active.



Accordingly, one of the *Iddirs`* leaders confirmed that there are elderly who are contributing more in *Iddirs*; nevertheless, there are also some elderly who even can not support themselves. This indicates that the elderly who are active in their social participation in their community *Iddirs* are still active since they have their own income and contributing to the *Iddirs* equally with the other members of the group. Even they are contributing more after retirement. For instance, the leaders of the ``*Aranguade Iddir`*`` and ``*Stadium Zuriya Iddir`*`` in this town were government employees before retirement. They were very active participants in *Iddirs`* leadership when they were on their government job. Now they are employed in *Mekanayesus Church* Primary School and Isac School as directors and also serving these *Iddirs* as chairmans of the committee. Such elderly contribute more through their wisdom and experience sharing. In contrary to the above elderly, one of the elderly women (IDI-B) age of 63 expressed about her social participation in the community as,

*Before coming to here, I was living in rural area. All my children moved to urban areas and left me alone. My children brought me to this town. I am departed from my local Iddir`s participation and living here without any participation except my children paying monthly payment for the Iddir .*

This information indicates that the elderly need to participate in their community activities but when they are deviated from their group they feel that they are passive in their life.

Moreover, the elderly participant (IDI- I) who was 78 years old woman also shared her experiences as follows:

*I came to Durame to live with my daughter because of the death of my husband. When my husband was alive, we had good life in our own hause. However, after the death of my husband, I became lonely in my house, and life was so difficult. I need to live in my own place with my social life with my neighbors, church members and my Iddir, but I couldn`t get children who support me.*

This shows that the elderly need ageing in place, because they have strong social bond and solidarity with their respective community which was experienced for a long years in their place. They need ageing in place rather than departing from the existing community and social groups. The other elderly participant in FGDs and interviews also explained about their social participation that they have responsibility of resolving disagreements in their neighbor. In

addition to this, the CCC members who participated in FGD confirmed that some of elderly are active participants in the conflict resolution in the community. Some others share their experiences and give advice for young people.

This shows that the elderly are playing great roles in social activities in the community. The elderly social role depends on the social status of them. Those elderly who are educated and have formal job are still playing leading roles in the developmental and social activities. The others are also contributing with their wisdom and experiences.

#### **4.2.1.6. Social Status of the Elderly**

The participants of the study in interviews and FGDs were asked whether the elderly at the study area are respected in the community. As participants of in-depth interviews and FGDs reflected, the neighbors and most of the community members look the elderly in respectful manner. They perceived that majority of the community members give them honorable place. However, some respondents in FGDs and during interviews reported that they receive respect only from some of their neighbors in their village. The others also responded that only very few neighbors give them respect. Two of the FGDs participants responded that they are not getting respect from any one since they are too poor and childless.

Besides, the study participants were asked about the reason why some community members do not give respect for the elderly. Some of the FGDs participants explained that the modern urban life changed the respect used to be given for elderly. One interviewee woman elderly (IDI-I) age of 78 stated about this as,

*The elderly people provide their experiences for the young generation. People accept the ideas of the elderly and give respect for them. Today, the young generation is taking the ideas of the elderly as unnecessary. The urban people reject the elderly.*

One other elderly women ( IDI-B) age of 68 during interview time mentioned as, ``*In this area some people look the elderly as burden on others*``. The elderly were also asked during FGDs about the respect which was given to old people in past. Some elderly persons replied that when they were young, the respect old people used to get were interesting. The elderly were respected in every place. Today, except some blessed young people, most of the young generations reject the ideas of the elderly.

In addition to that, as the FGDs discussants explained that, still, the elderly who actively participate in religious activities, in Iddirs` leadership and provide important ideas in the community, play roles in resolution of disagreements are respected and their acceptance increase in the community. On the other hand, the elderly who contribute in advising young people, who have educated children and get support from their independent children and have their own resources, are in better social status.

From the above information we can understand that social status based on income, occupation and educational level, with addition to social participation influence the quality of life and prestige of elderly in the community. Therefore, we can understand that the elderly are diverse in their status and the prestige they get in the community is also different from person to person.

Older people were living in some area in close social relation with their neighbors or community through participating in different social activities in community organizations or groups. In these social groups participation everyone should participate with his/her financial contribution, labor or sharing idea. The elderly who used to work hard and get income become weak. If the elderly have their own income or resource, they could participate equally with the other members of their group; otherwise they need to get support from family members. Unless and otherwise they cannot join any social group like Iddirs. They can be no more active due to the situation they had. The others who have enough income can actively participate in social group. This shows that income determines the status of the elderly.

#### **4.2. 1.7. Problems and Needs of the Elderly**

The problems of the elderly are multifaceted that they face many problems in the community. They face challenges in both social and economic aspects. They have different needs but most of them can not get according to their needs. The elderly participants in in-depth interviews and FGDs were asked whether they need to be engaged in activities which are suitable for elderly. Some elderly need to work some activities which do not need strong muscles. One of the respondents in interview ( IDI-69) old man replied about his needs as follows:

*Now I am old but somehow healthy and I can perform activities which do not demand strong muscles and that can be performed in my level. For instance, urban agriculture like poultry, if I had piece of land. The other activities that are seen in this town are*

*laborious like carrying weight, assisting carpenters, daily labor at construction sites and like. Such activities are beyond my capacity.*

The elderly in FGD discussion also described their needs that decent work opportunities for the healthy elderly are non-existent in the town. They also explained that there are many healthy aged elderly here, but they have no job opportunity which suits the elderly. If the government creates suitable condition for them, they can support themselves. Besides, there is no formal support from the government or non-governmental organizations. The poor elderly also demands free medication but except the policy, the health centers are not supporting with free medical service. They usually say that they are running out of medicine`.

From the above explanation we can understand that the elderly need to be engaged in some non-laborous jobs but they have no conducive environment for them. They need to be engaged in urban agriculture.

#### **4.2.2. Social Support Practice for the Elderly at the study town**

##### **4.2.2.1. Formal Social Support for the Elderly**

The respondents during in-depth interviews and FGDs described that, there is no exclusive formal support for the elderly from the governmental and non-governmental organizations. The support from the government and NGOs is only for disabled people and orphan children. One of the elderly woman (IDI-F) age of 70 during interview mentioned as,

*I usually see government aids for only disabled people and orphan children. Many non-governmental organizations also have been supporting these people. However, we helpless older people have not yet seen by the government and other organizations. We are forgotten by the government except merely promises.*

Similarly, the participants in FGDs also clearly described about the support from the governmental and non-governmental organizations that they had not seen any support from the government and NGOs for the elderly. We see supports for disabled persons and orphan children. Consequently, the elderly who have no family support need support from the government and other bodies.

Interview conducted with the key-informants from the Labor and social Affairs Office experts also confirmed the above idea of the elderly. The expert explained about the formal support for the elderly as follows:

*Although social protection policy and plan of action was set by the federal government and also implementation guidelines were organized, attention has not been given for the rights and problems of the elderly. The policy is not implemented in this area.*

According to the experts, there was an urban safety net program that supports the elderly and other needy people in urban areas which is already implemented in eleven cities in Ethiopia. But this policy and action plan is not still implemented in this town except the organization of Community Care Coalition (CCC) in kebeles.

This clearly indicates that formal support from the governmental and non governmental organizations is non-existent in the area. The other activities being performed to support the elderly in the town are also described by the key-informant from the Labor and Social Affairs Office as,

*Our office organized Community Care Coalition according to the implementation guideline in each kebele which incorporates all stakeholders and awareness creation orientation was given for the members of the council. We also provided training for voluntary social workers who mobilize the community to support the needy people.*

In addition to this, the experts further explained about the activities the office performed for the elderly that they organized some retired elderly in small scale groups and guide them how to save monthly and receive loan. Accordingly, one group of elderly received loan from Omo Microfinance Institution. They also have been mobilizing different members of the community to support the helpless elderly.

This shows that the Labor and Social Affairs Office is mobilizing the community according to the guideline of the regional office so that to encourage the community to solve the problems by itself.

The experts also revealed that more attention was given for disabled people and orphan children. The needy elderly were selected for the purpose of urban safety net program, but still it is not implemented.

According to the alternative Community-Care Coalition (CCC) guideline document issued by (beaurou) of Labor and Social Affairs of South Nations Nationalities and People Regional State

2019 , the support required for the elderly and other vulnerable groups constitute food, shelter and health service. However, the CCC is organized but did not begin to mobilize resources. Moreover, the formal support for the elderly by the government and NGOs is non-existent in the town.

#### **4.2.2.2. Informal Social Support for the Elderly**

##### **4. 2.2.2.1. Instrumental Support for the Elderly**

This type of support includes financial and material support and which is associated with the wellbeing of the elderly. When the elderly participants in in-depth interview and FGDs were asked whether they receive financial and/or material support, different participants replied in their own ways. For instance, interviewee (IDI- A) age of 64 woman replied as follows:

*Nowadays, I am living alone in rental house. I stopped every activity because of my age and health problem. One rich person who is business man in the town is supporting me covering my expenses of basic needs. My` Iddir` is supporting me covering the monthly fee and gives me money during holidays and made me not to do the laborious duties in Iddir. Moreover, the church supports me providing clothes once in a year. The informal association of the youths in the town also gives me food, clothing and house furniture.*

The other interview results also shows the Iddirs, the churches and the individuals` associaton Often provide them some financial and material supports. In addition to that, during holydays, the church members collect money and support the elderly and other disabled people. Moreover, the Iddir members collect five birr each month with their regular fee to support the elderly and other helpless people by providing grain.

Accordingly,the elderly FGDs participants also confirmed this that regarding social support, the churches, Iddirs and the individuals` association are providing some financial, clothing and grain supports mostly during holydays. The Iddirs support the elderly who have no family support allowing them not to pay monthly Iddir`s fee and also allow them not to be forced to do laborious activities during funeral ceremony.

Moreover, the key informants from the Labor and Social Affairs Office also explained that the community institutions such as the informal association, Iddirs, churches and also voluntary social workers have been soliciting resources in cash and in material from different community members like rich business men, owners of flour factories, government workers and so forth. They support the elderly with provision of food, clothing, holiday expenses, purchasing medicine and renewal of their houses.

Furthermore, the key informants (leaders of the *Iddirs*) also confirmed the aforementioned support in similar manner.

They explained that the Iddir members decided to pay 5 birr per month in advance to their regular monthly payment. This money is planned to support the elderly by providing food, clothing and other medical services. During holydays, the Iddir also gives the money to cover their expenses in holydays. The Iddir has been supporting only 11 elderly who are in sever condition for now, but there are also some elderly who need to be helped. However, the capacity of the Iddir could not allow to support all the needy elderly in the community.

In addition to that the key informant, who is the representative of the informal association also mentioned about the financial and material support the association provide for the elderly that the association was supporting some elderly only during holydays before, but as the number of the members increased time to time and the accumulated capital was also increasing, then they decided to support 29 elderly in each holiday with every preparation for the holydays. They gave priority for those who are sick and live in the bed. As the number of the members in the group reached 181, they began to provide food, sugar, oil and some night clothes for them. So the association is providing money, grain and clothing for the elderly.

The representatives of churches also described about their role in providing material support for the elderly in almost similar way. The representative of *Kalahiwot Church* mentioned about the instrumental support they provide for the elderly as, ``*Our church members usually contribute different materials like clothing, house utensils and money for the elderly who have no family care and support*``. Similar information was given by *Orthodox Church, Muluwongel and Mekanayesus Churches*.

Therefore, the above information from all the actors of the support indicates that the actors of social support for the elderly are contributing materials and money for the elderly in need. However, the number of needy elderly is increasing time to time and the capacity of the community is not sufficient to cover the expenses of all the elderly under difficult situation.

#### **4.2.2.2.2. Interpersonal Support for the Elderly**

The elderly who participated in the interview and FGDs were asked whether they have friendship with other people outside of their family; participate in any social activity and having people to enjoy with them. The interviewee (IDI –G) aged 73 years woman replied as,

*I have many friends whom I sometimes join with and talk with them. I also participate in the community by negotiating the people when disagreement arises in the community and also I advise the younger women.*

This shows that this elderly is obtaining good interpersonal support from her friends and neighbors.

The other interviewee (IDI- E) age of 68 woman described his experiences of social relation with his friends as follows:

*I had close relatives in this town. They are independent for themselves but do not visit me. I am also not active participant in religious activities since I have a habit of drinking alcoholic drinks. I have Iddir membership and pay monthly fee. However, the community does not respect me as old man because of my habits of alcoholic drinking. Nobody Understands my problem. I have no any friend. Everybody rejects me.*

From this information we can understand that the elderly who have good relationship with the neighbors and friends have interpersonal support from the community, whereas the elderly who are in bad habits could not get interpersonal support from their neighbours and friends. Such elderly need support from their neighbors so that to have good relationship with the community.

The other elderly who is 67 years old retired man from the government organization explained about his relationship with his friends as,

*I have three close friends here. We meet in cafterias and at the stadium many times and discuss together. We share our ideas and solve our problems together.*



As he described his relationship with his friends, he was very happy in his social life. Hence, from this we can understand that the social relation with others is important for the wellbeing of the elderly.

The other interviewee (IDI-A) age of 64 woman described about her relationship with others as,

*I have no family or relative here. However my respective neighbors are very good for me. Some women are more than my own children. They usually call me to have coffee and play with them.*

So, this indicates that some elderly who build social relation during their working age are still obtaining good interpersonal support from their friends and neighbors.

The elderly participants in FGDs also revealed that they have relationship with their agemates and play with their neighbor and have coffee together. They explained that they have good relationship with their neighbors.

#### **4.2.2.2.3. Emotional Support for the Elderly**

The participants during in-depth interview were asked whether they get opportunity to talk with their close relatives or other nearby people about personal cases. One of the interviewees ( IDI-H) age of 78 woman explained his experiences as follows:

*I am living alone. I need to talk with people but I have no opportunity to talk to anyone. So I feel badly about my loneliness. However, when my church priests visit me and advice me, I become comfortable in my life.*

This shows that such elderly are suffering from loneliness and they need approach from their neighbors and other people in relation with the elderly. In an other hand the retirees also feel that they are sitting without any activity and need to serve even for free. A retired elderly woman said that, *“It is even better to serve without any payment rather than sitting alone at home. I get depressed when I sit alone silent”*. This elderly hate sitting at home and need to work if she get job opportunity.

The religious leaders were asked during key informant interview whether they visit the elderly who are their church members. The leaders of all the churches explained that the servers in their churches regularly visit their members including the elderly and support them by providing spiritual lessons. Similarly, the four leaders of the churches mentioned similar activities in their institutions in providing emotional support for the elderly through their spiritual servers. This

indicates that the religious institutions are playing their own role in providing emotional support for the elderly.

#### **4.2.2.2.4. Appraisal Support for the Elderly**

The elderly during the in-depth interview were asked whether they support in decision making from their family, agemates and firriends. Some elderly replied that they have firriends who help them durig decision making on their property and also visiting their friends. However, some others said that they have no firriends and are living lonely life. One of the retirees mentioned as `` *I had firriends before my withdrawal from my job. They are not here now. Therefore, I have no friend to support me in decision making*``. This shows that many elderly do not get support in decision making from their agemates.

#### **4.2.3. Perception of the Elderly towards the Support being provided to them**

The elderly who were participated in interviews and FGDs were asked about their feelings towards the social support they receive and their needs. The elderly who have family support pointed out that they are happy in support from their children. Whereas the elderly whose reciprocal relationship was broken with their family replied as they are not gaining regular support. Although the community support is good, it is not permanent, and they feel that they are burden on others as revealed by the interviewees and FGDs discussion.

One of the interviewee (IDI-F) aged 70 years old woman said the following concerning her feeling towards the support he receives:

*I am dependent on others, because of this, I see myself as a sick person. Hence I am burden on others and feel shameful.*

This shows that some elderly a shamed of the support they receive. This is because no body needs to be dependent on others outside of the respective family.

Similarly, the other interviwee (IDI-G) women aged 73 reflected on this issue in another way as,

*I am a lonely women living in rental house. I have no any income. I am living with the support from different bodies.The community support is good for me. If there is no this support, I would be on the street to beg. However, I feel inferior. There is nothing worse as dependence.*

From the above two interviewees we can understand that some elderly are feeling as if they are dependent on others and are not comfortable on that because they are living on the expense of others not on the government or some organizations.

The elderly participants in FGDs revealed the absence of any assistance for older people from the government and non-governmental organizations. It is the voluntary individuals' association, *Iddirs* and churches that are carrying the elderly on their shoulder. They feel that they are forgotten citizens.

In this case, interviewee (IDI-G) aged 73 woman commented the responsibility of the government on the elderly as,

*I have a comment on the promises and the practices of the government that always claim government response as primary for poor and older people, but what we see on the ground is in contrary of the words promised. No any formal support is available and also no one knows older people whether they are citizens or not.*

Here we can understand that the elderly feel badly on not seen by the government as senior citizens.

Regarding the social support from the community, the elderly participated in interviews and FGDs replied as they are happy in the support being provided for them and other elderly. However, they claimed that the support is not permanent because it is not from one source. Some elderly reflected diversified perceptions towards the social support they receive. Some feel that they do not receive any support from the community *Iddirs*, the religious institutions and the association where as the others are happy on the support from the community.

A prevalent feeling among the retired elderly participants was that they would prefer to continue to work due to the fall in income after retirement. However, the problem seems less serious for those whose family members such as adult children and spouses that support them with financial, material and emotional support.

Accordingly, one retired elderly man interviewee (IDI-D) age of 67 expressed his feeling as follows:

*I know the pension payment is inadequate. It is not more than a hand to mouth state. However, thanks to God I have self-sufficient sons who are supporting me financially. I am not challenged on my side, but the community support for those elderly who lack*

*family support is not sufficient for their life.*

This indicates that the pension the retirees receive is not sufficient to cover the basic needs of the elderly and also the social capital from the children is very crucial for the wellbeing of the elderly at latter life.

#### **4.2.4. The Opportunities in the Community to Enhance Social support for the elderly**

The key informants of the study were asked about what opportunities are there to enhance the provision of social support for the elderly. As they expressed, to develop the provision of social support in the study town and enhance its quantity and quality, good conditions exist in the study area. Some of them are the belief of many community members on the blessing that come from the elderly; the community organizations` (Iddirs) voluntary activities; the religious institutions` willingness to support the elderly; the voluntary individuals` association established to support the elderly and the increasing number of the members of the association in the country and abroad; the voluntary activities of youths in the town and the government policy and its guideline ( CCC) to implement the support based on the community participation.

The representative of the informal association described the opportunities to expand and strengthen the vision of the association as,

*If we mobilize everyone who was born here and living in different areas in Ethiopia and abroad, everybody is willing to participate in this activity. Many people are still asking us to be a member.*

This indicates that there are many people living at the town and those who were born there and living abroad are voluntary to support the elderly. Hence it is possible to increase the number of volunteers and enhance the capacity of the provision of the support for many elderly.

Moreover, representatives of the religious institutions also explained that the people in the church are volunteer to support the elderly, because everybody in churches believes that it is blessing to support our elderly. Similar expression was given by the leaders of the churches. This shows the potential opportunities to support the elderly.

Accordingly, as the key informant from the Labor and Social Affairs Office explained, there are good opportunities in the town. For instance, the community is open for such charity tasks. The NGOs who are engaged in support program for orphan and vulnerable children and disabled

people at this zone are also ready if they asked for support properly and churches, Iddirs and individuals are voluntar if properly led.

In addition to this, the culture of the area is good opportunity to make the support strong and sustainable. The representative of the retirees in the town described about the culture of that area as follows:

*The community believes that the elderly are citizens who saved what we live today and we must pay back for them. The community will be blessed if the young generation give them care and support. Unless the young generation does not support the elderly, the generation will not be blessed.*

The above descriptions from the actors of the social support indicate that in the community there are good willings to support the elderly. If the opportunities mentioned above properly mobilized by the Labor and Social Affairs Office in the area, the community can support the elderly fully and which is important for the well-being of the elderly.

This agrees with the general objective of the National Social Protection Policy which states that the policy need to ensure that the society at all levels play roles for the implementation of the policy. It also clearly emphasized that the Community Care Coalitions shall contribute their appropriate role in the implementation of the policy.

#### **4.2. 5. Challenges the Provision of Social Support being encountered**

Some challenges for the provision and enhancement of the social support for the elderly are identified in this study. As the experts from the Labor and Social Affairs Office highlighted, although the social support activities prevent many of the needy elderly from going to street and begging, still elderly are seen living in churches yard and begging in the market. The support is limited to little number of the elderly. This is because of the shortage of resources to reach all the needy elderly. The experts also further explained that the extreme poverty stretched in the community is challenge to the efforts of CBOs (*Iddirs*), the association and churches. Since most *Iddir* members are destitute and engaged in informal economic sectors like daily labor, their income to support the increasing number of the elderly could not enable them to enhance the support.

Nowadays, the number of the needy elderly is also increasing and it is difficult to fulfill the needs of all the elderly who are seeking support with the limited resources that the *Iddirs*, the association and churches provide for them. According to the leader of ``*Kasha Iddir*`, the economic situation of most of the community members whose income is low, hinders many people to participate in the activity. He said that most of the members of the *Iddir* are poor and selected for aid from government.

In addition, lack of integration among CBOs and the association in the town and also their integration with NGOs hampered the strength of support provision and its quality. The actors mentioned above are moving in their own way asking different individuals to support the elderly. This makes the resource mobilization boring while different actors ask the same individuals for the same task. Accordingly, the leader of the informal association also confirmed the lack of integration among the stakeholders as follows:

*Different bodies like Red Cross Society Durame branch, Labor and Social Affairs Office, religious institutions and Iddirs are also mobilizing resources for the same task and asking the same people to contribute resources. It lacks integration and some people say that it needs to be in one way to contribute for the elderly.*

If the actors integrate their resources and efforts, they could help more elderly than they support now and increase the quality of the support.

Besides, there is a gap in awareness creation for the whole community concerning the issue of the elderly and their problems. There are still so many community members who are not willing to participate in the activities being carried out to support the elderly. Some people understand as the issue concerns the government, not the community. The FGDs participants from the elderly and the CCC members also described that many people in the town are not aware of the problems of the elderly.

The absence of governmental and non-governmental organizations in this area that are engaged in support for the elderly is also one of the challenges for the implementation of sufficient social support for the whole needy elderly at the study area. Accordingly, the leader of the informal association also confirmed the lack of integration among the stakeholders as follows:

*Different bodies like Red Cross Society Durame branch, Labor and Social Affairs Office, religious institutions and Iddirs are also mobilizing resources for the same task*

*and asking the same people to contribute resources. It lacks integration and some people say that it needs to be in one way to contribute for the elderly.*

In general, the above information from the actors of the social support shows that factors that challenge the provision of social support from the community are poverty in the community, shortage of resource from different sources, increasing number of the needy elderly, lack of integration among the stakeholders and less awareness creation in the community.

### **4.3. Discussion of the Study**

#### **4.3.1. The Socio-economic Situations of the Elderly**

The finding of the study shows that many elderly are in diverse family situation and they are in different marital status. Based on their marital status, their quality of life is also different. In agreement with this finding, Khan et al.(2014) revealed that marital status plays high role in determining quality of life of the elderly. He asserted that the elderly who lack marital partner are suffering from loneliness which is followed by depression. He further explained that the elderly who have life partner are able to share their happiness and sorrow, and can also have more enjoyable and better wellbeing, whereas the others who have no marital partner are living in difficult situations.

In consistent with this report, Thoits, (2011) asserted that the elderly who are separated from their spouse and live alone lacks positive exchanges with their reciprocal networks that help them stay healthy or cope with adverse events. Those elderly people who live with their families have maintained their social networks which have contributed to their wellbeing. Similar situation is reported by the study participants that those who are living with their spouses or children are happier in their life. Whereas those of the elderly who are living lonely life are suffering from lack of family members who share their happiness and sorrow.

The study also found out that most of the elderly in their young age were mainly engaged in an earning activities in the informal sectors like agriculture and daily labor. They were farmers in rural areas and moved to urban area and became daily laborers in the town and the others are daily laborers throughout their young age. Now they became weak because of age and health problems with lack of support. They engaged in begging at the gates of religious institutions and market places. Some of them live with the support from the community. This situation of the elderly agrees with the finding of HAI,(2013) that concluded as ``Elderly people without family

support end up begging in the streets or living in destitute condition around places of worship and also feel lonely`.

The finding of the study also revealed that lack of social security, death of family members, lack of children, lack of formal job opportunity in formal sectors, being illiterate, development induced displacement and change of livelihood means left some elderly who have no support to lead difficult life. Their means of livelihood was deviated and now they became destitute in their later life. This condition of the elderly is the result of urban expansion.

In line with this finding, (Ayana, 2012) found that the process of urbanization contributing to the deteriorating situations of the elderly as it leads to family break ups due to migration in search of jobs. Many elderly do not have opportunity to live their lives as they wish because they are poor. They are also illiterate. Both male and female were engaged themselves in labor intensive works when they were young. Since these jobs require physical strength and good health, even these jobs are unavailable to these elderly as their ages increase and their conditions deteriorated. As a result of this, they could not feed themselves and exposed for dependent life.

The finding of the study shows that so many elderly have exposed to lack of residential houses because of poverty and lack of income and support. The document in the Labor and Social Affairs Office also indicates that, there are some homeless elderly living in the church's compound with lack of residential houses. Consistent with this finding, Levinson and Ros (2007) confirmed that extremely low income is the main reason that leads older people to be affected by the problem of homelessness.

The study finding clearly shows that most of the elderly are suffering from common health problems persisted with older people. A similar situation of health problem of elderly is reported by HAI, (2013) that the issue of health well-being is one of the challenges which threaten the older people. The health problem is one of the main challenges the elderly people have to deal with, since poverty also affects the health of people. The study participants believe that most of their health problems are rooted from poverty. In consistent with this finding, Abregon and Waisbord, (2012,) asserted that poverty creates illiteracy, leaving people poorly informed about health risk and forcing people in to dangerous jobs that harm their health.



In agreement with this finding, Nesa et al.(2013) confirmed that as people aged, health problems increase. In this regard, old age brings both physical ailments and social problems. Old people very often feel neglected and forgotten. Generally, the elderly people face health problems and they are challenged financially to cover for the services they obtain from health centres without the support of government for cost free medical treatments. Although the social policy of the country allows the poor people to be treated freely in health centers; shortage of medicines hinders the health institutions to provide free medication.

The finding of the study also revealed about the social participation of the elderly. It found out that the older people used to live in an area have a positive close social contact with their neighbors or community through participating in different social activities in community organizations or groups like *Iddir*. It is known that in these social groups participation, everyone should participate with his/her financial contribution, labor or sharing idea. But they can be no more active due to the situation they had. The others who have enough income actively participate in social groups. Accordingly, as Soumerai and Avon, (1983); Berkman, Boerschupan ,and Avendano, (2015) asserted, participation of the elderly in social and economic activities has positive effect for prestige and quality of life of the elderly.

Inline of this idea, the study also found out that the elderly participation in social and economic activities is increasing the quality of life of the elderly. In agreement with this finding, Amenti, Dereje and Nega, (2018) concluded that the elderly have rich experience, wisdom, knowledge and skills gained over many years. They are asset of society and can contribute to the socio-economic development if they are provided an opportunity and given protection. They are among the one who laid a foundation for the current society. However, many elderly do not participate actively in the community activities. Their quality of life in the community is low as it was understood from the study.

The finding of the study revealed that some elderly who are in good health status have a need of working some non-laborous jobs. Consistent of this, Kalasa, (2001) asserted that in developing countries, the elderly are incorrectly considered dependents and impediments to social development. This generalization can work only for frail and the elderly with ill health. From

this we can understand that many elderly who are in better health status lack opportunities of job that suits them like easy urban activities. A similar finding was reported by Mariko (2013) who conducted a study on the situation of elderly people in selected parts of Ethiopia that elderly people in Ethiopia play a vital role in their community shows that elderly people are considered as active and able to perform the activities required for survival and live in close to others. Similarly, Yonas, (2017) asserted that elderly persons in Ethiopia remain economically productive as long as they are physically and mentally able and as long as household requirements demand their contribution.

Inline of this finding, as the view point of the activity theory, those who are able to remain socially active are more likely to achieve a positive self image, social integration and satisfaction with life (Reed, 2015). Thus, the needs of the elderly to participate in social and economic activities are clearly understood that the elderly in good health status needs to be engaged in activities in their level.

#### **4.3.2. Social support Practices for the Flderly**

The finding of the study illustrated that there is no formal support for the elderly from the government or nongovernmental organizations at the study area. The policy document clearly says, government should guarantee the material and social wellbeing of the elderly through the provision of social security services. Making this policy springboard, National Plan of Action on older persons was developed in 2006. However, this policy and action plan are not still implemented.

According to MOLSA, (2012), one of the focus areas of the policy is the productive and social safety net program to address people in social problems, more specifically, vulnerable children, women and the elderly under difficult circumstances, persons with disabilities and so forth.

However, more attention is being given for disabled people and orphan children. This contradicts with the real needs of the elderly. As Amanti,Dereje and Nega, (2018) in their study on socio-economic situation of the elderly recommended, the elderly need reciprocated action pragmatically and morally, helping elderly and creating conducive living environment is appealing. Community is responsible to carry the problems of the elderly. Therefore,

community based support is crucial to fill the gap and to support the needy people because, although the government promised to support the elderly, the support from the government and NGOs is non-existent in the area.

With regards to the informal social support for the elderly, the finding of the study revealed that some elderly have children who are economically independent and supporting them while others have no independent children and cannot support their old parents. Concerning family support for the elderly, it is implied that in the tradition, parents take care of their children until they become economically independent and later on children take care of their parents in return. The idea that children support their aged parents is well expressed by Doh, (2009) as ``Whether they live on their own or with their children, it is the children`s responsibility to provide for their aged parents until their death``.

However, in this study it is found out that many elderly who lack children could not get family support and living in difficult situation and need support from neighbors, friends and other significant bodies, but it is limited and do not found when they are in need. In this case, when the elderly lack family and close relatives, it is the community that takes responsibility to support these elderly. The culture of the area enforces the community members to support the elderly and the people believe that it is blessing to support the elderly.

The study finding revealed that the social support for the elderly from the CBOs (*Iddirs*), religious institutions (churches) and the informal association is an important practice of informal support that prevents many elderly from street life. The community organizations and institutions such as *Iddirs*, churches and voluntary informal association have been supporting the needy elderly. In line with this finding, (Kidane, 2017) asserted that the informal social networks and associations are sources of social support that most Ethiopian use in times of social and economic difficulties. The practice of the *Iddirs* in this study area shows that they are not only supporting themselves but also supporting the elderly in need. The finding also agrees with the study on the role of religious institutions in community development by Ayalew et al. (2016) which revealed the contribution of religious institutions in supporting people in need like the elderly. The religious institutions are not only running the spiritual activities but also they are providing financial and material support for elderly in addition to emotional support.

It was found that some elderly who are separated from their spouses feel lonely. A similar finding was reported by Thoits, (2011) that the elderly who are separated from their spouse and live alone lack positive exchanges with their reciprocal networks with their family that help them stay healthy or cope with adverse events and need support from others. In similar way, some elderly are in problem of loneliness and the close neighbors and religious servers need to support them by making close relationship with them unless and otherwise they may be exposed for depression.

The result of the study shows that there is exchange between the elderly and the community at the town through material or non-material exchange. The community provides support for the elderly and the elderly also support the community through their wisdom and experiences.

Moreover, according to the beliefs of the community members, it is a blessing to support the elderly. According to the view of social exchange theory, older people have less to give in an economic sense; they become powerless, passive and compliant. However, this fails to acknowledge that older people have currencies other than money to barter in their exchange with other people. These include knowledge and experience (Policy, 2015). The view of this theory relates with the opinion of some community members at the study area, because the members who are engaged in the support think as if they are paying for the elderly for the contribution of these senior citizens for the young generation with their wisdom and sharing their experiences that reinforces traditions of intergenerational exchange and reciprocity.

#### **4.3.3. Perception of the Elderly Towards the social Support**

The study found out that the perception of the elderly towards the provision of social support is different from person to person. Their expectation of support from the governmental and non-governmental organizations is high. The elderly who have family support are happy in support they obtain from their children. Whereas the other elderly whose reciprocal relationship with their family was broken feel that they are lonely. Some are exposed for street life. This situation of the elderly agrees with HAI, (2013) that the elderly people without family support end up to begging in the streets or living in destitute condition around places of worship and also they feel lonely. They need support but could not get any support. In similar manner, the elderly feel that the support from the community is for only some elderly that ignores the others.

In addition, some elderly perceive the provision of the support from the community as good and it prevent them from begging and street life where as the others feel as if they are burden of the community. Still others feel that they are forgotten and exposed to street life. Moreover, those elderly who do not obtain support from the informal association feel that they are discriminated in the support from the association.

#### **4.3.4. Opportunities to Enhance Provision of Social Support for the Elderly**

The finding of the study shows that, although the social support practice of the community for the elderly in organized way is good beginning, the support is not sufficient to fulfill the basic needs of the elderly since the number of the elderly is increasing. Moreover, the support embraces only little number of the elderly. It needs to mobilize additional resources to provide sufficient amount of support for all needy elderly.

The existing opportunities to enhance the quantity and quality of social support in the community are good willings of the community members in *Iddirs*, religious institutions and in associations. This information agrees with the findings of EOC-DICAC, (2005) by Memberu, (2017) cited by (Gobena,2018), the religious institutions have been playing a significant role in development efforts in Ethiopia. The development wing of the churches revealed that the institutions play a significant role in socio-economic development of the country. One of the missions is to assist the disadvantaged communities in Ethiopia to attain self-reliance through tackling the root causes of poverty by promoting sustainable development programs and community empowerment.

It is found out that every member of the *Iddirs* is volunteer to support the elderly in any possible way. This finding agrees with Kidane, (2017) that found community *Iddirs* established primarily to provide mutual aid in burial matters but also to address other community concerns such as orphans and vulnerable people and they may serve as a key support mechanism at times of stressful life events through the provision of food. These informal social networks and associations are sources of social support that most Ethiopians use in times of social and economic difficulties.

#### **4.3.5. Challenges the Provision of Social Support may Encounter**

The study also attempted to find out the challenges that may hinder the social support practice in the community. Some of the challenges identified are prevalence of poverty in the community, shortage of resources from different sources, increasing number of needy elderly, lack of integration among actors of social support, lack of awareness creation among the community, absence of government organizations that are engaged in the support for elderly and lack of leadership commitment at the area. In addition to that, lack of integration with NGOs hampered the strength of support provision and its quality. If the actors integrate their resources and efforts, they could help more elderly than they support now.

The finding also revealed that there is a gap in awareness creation for the whole community concerning the issue of elderly and their problems.

It is also found out that the economic situation of most of the community members, whose income is low, hinders many people from participation financially in the activity. This shows that poverty in the community is one of the challenges that hinder to support elderly fully.

## **CHAPTER FIVE: CONCLUSION AND RECOMENDATION**

### **5.1. Conclusion**

The objectives of the study were to assess the socio-economic situations of the elderly focusing on the family arrangement, income, housing condition, health conditions and social status and participation of the elderly; to describe the social support practices from the community; to examine the perception of the elderly towards the social support; to identify the existing opportunities to enhance the social support and to explore the potential challenges that may hinder the provision of social support. Based on these objectives the finding of the study is concluded as follows:

The elderly of the study area, particularly those who lack reciporical relationship with their family are in a difficult situation to get social, economic and emotional support that satisfies their basic needs, and their quality of life is very low. However, those elderly who have independent children that have capacity to support them are living better life.

The means of livelihood of the elderly is diversified based on the socio-economic status of the elderly. Some elderly are living with their own income; the others have pension and still majority of them have no care and support. Many elderly are living in difficult situations with the lack of income. Other elderly who have no another opportunity are begging at the gates of churches and market places to cope up their economic problems.

Majority of the elderly are exposed to lack of residential shades because of lack of regular income and support to have residential houses. Health problem is one of the main challenges the elderly people have to deal with, since poverty also affects the health of elderly people. The poor elderly demand free medication but except the policy, the health institutions at the study town are not supporting the elderly with free medical service with shortage of supply of medicine.

The elderly have their own role and participation in community issues like membership in *Iddirs*, play leading role in *Iddirs* and religious institutions and conflict resolution or resolving disagreements within the community. Some others are serving as directors of private schools. This indicates that the elderly have a great social role and participation in the community at the study area. The socio-economic status of the elderly largely has impact on their wellbeing. Higher quality of life for elderly is associated with higher socio-economic status. The elderly who are educated and control over their own resources are in a better social status and get respect from the community.

Governmental social protection policy that was aimed to protect elderly from difficult life is not implemented in the town. The focus of the governmental and non-governmental organizations is only for the orphan children and disabled people. Even urban safety net program is not implemented in the area.

The practice of informal social support from the community *Iddirs*, churches and informal association for the needy elderly is promising in the area. Although the support reaches some elderly, many are not included under the social support from *Iddirs*, churches and the informal association. It prevents many elderly from street life but it is not sufficient for the basic needs of the elderly.

Attempts to organize retired elderly in small scale enterprises and providing loan is good beginning, but it is not significant that benefit only five elderly retirees in the town. It needs to cover all the retired elderly who need to be engaged in urban activities since the number of retirees is less. The healthy and able elderly need to work some less laborious intensive jobs to gain money because money is everything for urban dwellers. Decent work opportunity for the elderly in the town is nonexistent. If the government creates enabling environment for them by creating less laborious jobs like urban agriculture, they could support themselves.

The elderly association at the town is organized but nothing is done through this association except celebrating one day in a year as elderly day. The association is simply nominal that did not contribute anything for the wellbeing of the elderly because of lack of reliable resources to support them.



Community-based organizations (*Iddirs*) are playing important roles in the social support for the elderly. The community members organized under *Iddirs* are significant partners in the support being provided for the elderly. However, although the *Iddirs* are providing significant social and material support for the elderly, they lack capacity to support all the elderly because many *Iddirs`* members are poor and have less income to support the others that today the *Iddirs* are supporting very less number of the elderly. However, the *Iddirs* are supporting the elderly through allowing them not to pay monthly payments and making them to be free from any laborious activities during funeral ceremony. The religious institutions` (churches`) role in supporting elderly is also significant. They have been providing instrumental, social and emotional support for the elderly. However, with the increasing number of elderly in the town, the capacity of churches to provide enough material support is limited and it is difficult to fulfill the basic needs of the elderly.

The informal association that was established to support the needy elderly has been playing a great role in supporting many elderly and the association is expanding its scope to encompass large number of destitute elderly. As the study observed, the activity of the association is a model at the study area that initiates the people in other areas to follow similar way to ensure the wellbeing of the elderly. In addition to that, the youth voluntary activities in the area solved some problems of the elderly by renovating about to fall and dilapidated houses of the destitute elderly and also they mobilized the community and collected materials to support the needy elderly. However, the activity is not permanent and it needs coordination and continuity.

The way different elderly perceive the support being provided to the elderly is diverse. The feelings of the elderly who have their own family support and their own income sources and those of the elderly who have no family support and their own source of income is different. Those elderly who get support from the *Iddirs*, churches and the association are less in number and they are somehow happy and the other needy elderly who do not obtain any support are complaining and feel that they are discriminated. Some of them who obtain support from the community feel that they are burden of the others.

In general, all elderly participants feel that the support from the government and NGOs is only for orphan children and disabled people, but the destitute elderly in the town are forgotten. If the

community based organizations (*Iddirs*), religious institutions and the individuals' informal association had not involved in support for the elderly, the number of helpless elderly begging on the street would increase. This doesn't mean that the support from the community is sufficient for the basic needs of the elderly.

The community based social support for the elderly is crucial where formal social protection schemes are nonexistent. In this study area also many opportunities to enhance the social support for the needy elderly are identified such as beliefs of the community on the blessings that come through the elderly, the *Iddirs*' willingness to support the elderly, the willingness of the religious institutions, the voluntary activities of many youth and adult people to participate in the association in countryside and abroad to enhance the support. Furthermore, the government policy implementation strategy that is based on community participation and the Community Care Coalition is also good platform for the participation of the community in the support activity.

Poverty (shortage of income for the community members), shortage of resources from different sources, the increasing number of needy elderly, lack of integration among stakeholders (CBOs), absence of non-governmental organizations that support the elderly, weakness of Community Care Coalition, absence of accountability in the process of CCC implementation, gap in awareness creation for the whole community members and lack of commitment among government bodies concerning issue of the elderly are the major challenges or factors hindering the enhancement of social support for the elderly.

## **5.2. Recommendations**

Based on the findings of this study, the researcher would like to forward the following recommendations to be considered in the provision of social support for the elderly:

- ✓ The ministry of Labor and Social Affairs needs to plan formal support and provide financial support for the elderly under difficult situation using the selection criteria for the purpose of urban safety Net program to enable the elderly get access to food, clothing and shelter.

- ✓ Since many elderly are living in varendra and church yards outside ,out side ,side,the town administration need to plan to build additional residential houses to prevent the elderly in need from street and varendra life by providing them houses.
- ✓ The health condition of many elderly is deteriorated and most of them have no capacity to get medical treatment. The health institutions need to fulfill supply for treatment and give free medication according to the government policy.
- ✓ The Labor and Social Affairs Office of the town should facilitate saving and credit program for the retirees by organizing them in small scale enterprizes so that to enable them to be involved in non-laborous urban activities.
- ✓ The Community Care Coalition platform which is aimed to enable community to solve its problems by it self should be strongly implemented with close supervision of the Labor and Social Affairs Office.
- ✓ The town administration should initiate the non-governmental organizations to be engaged in the issue of needy elderly at the area to support them like other disabled people and orphan children disabled people.
- ✓ The Labor and Social Affairs Office should create platform in order to insure active involvement of the elderly in effective utilization of their experience, knowledge, wisdom and skills in community development in collaboration with Culture and Turism Office and CBOs.
- ✓ The Regional Labor and Social Affairs Beurou should strengthen CBOs (community *Iddirs*), religious institutions and the informal association through training to develop their skills and need to work hard in awarenss creation of the whole community to enhance resource mobilization for the support of the elderly.
- ✓ The town administration needs to coordinate the community support programs from different *Iddirs*, religious institutions and individuals` association to perform in integrated way.
- ✓ The Labor and Social Affairs Office need to prepare grant projects for different non-governmental partners to support community *Iddirs* so that to capacitate them to reach more needy elderly.

- ✓ The informal association needs to work hard to initiate other government employees and business men to be a member of the association and enhance its capacity to address issue of more highly vulnerable elderly.
- ✓ The Labor and Social Affairs Office of the town should use the potential opportunities identified in the community to support the elderly and work hard to enhance the social support and also this office has to plan to overcome the challenges identified by this study with the active mobilization of the community and working with different non-governmental partners.

## Reference

- Abadi, H. (2015). The right to access health care for elderly people: the case of addisababa, gulele sub-city.
- Aboderin, I. (2005). Understanding and responding to ageing, health, poverty and socialchange in sub-saharan Africa. A strategic framework and plan for research [pdf448kb].
- Africa, U.N.E.C.F. (2017). Economic report on Africa 2017: urbanization and industrialization for Africa's transformation: economic commission for Africa addis ababa.
- Ahmed, H.,Amjad, H., Habib, m., & Shah, S.A. (2012). Private versus publicschooloringchoice at the household level/determinants of school choice: evidence from rural punjab.
- Ayalew, M. e.t.l. (2016). First-line antiretroviral treatment failure and associated factors in HIV patients at the university of Gondar teaching hospital, Gondar, northwest Ethiopia. *Hiv/aids (Auckland, nz)*, 8, 141.
- Ayana, a. (2012). Who takes care of the elderly in Ethiopia when reciprocal relationships?
- Amanti B, Dereje W. and Nega J. (2018).socio-economic situation of the elderly injimma zone, oromia/ethiopia. *Stud*, 5(2).

- Bengtson, V.L., Burgess, E. & Parrott, T. (1997). Theory, explanation, and a third generation of theoretical development in social gerontology. *The journals of gerontology series B: Psychological Sciences and Social Sciences*, 52(2), s72-s88.
- Bekele, M. And Jacob, S. (2006). Social research method ibrodsky, j., shnoor, y., & be'er, s. (2009). *The older in Israel: statistical yearbook*. Jerusalem, Israel: brookdale institute.cohen, b., & Menken, j. (2006). *Aging in sub-saharan Africa. Recommendations for furthering Research national academies press, Washington dc.*
- Cook, I. G., & Halsall, J. (2012). Aging in Nepal aging in comparative perspective (pp. 59-66): springer.
- Creswel, j. W. (2009). *research design: qualitative, quantitative, and mixed methods approaches*. Los Angeles: university of nebraska–lincoln.
- Creswell, j. (2007). *Qualitative inquiry and research design: choosing among five Approaches*. (Sage publications: thousand oaks, ca): California.
- Elizabeth, A. (2019). *The social and economic conditions of the older people in Addis Ababa: the case of a charity association for the destitute and abandoned people*. Addis Ababa University.
- Estes, C. L. (1979). *The aging enterprise: jossey-bass*.
- Gebru, M., & Atnafou, R. (2000). Transitioning from institutional care of orphans to community-based care: the experience of Ethiopia's Jerusalem association children's homes. *Orphan alert: international perspectives on children left behind by hiv/aids*, 22-23.
- Gobena, A. (2018). *Importance of teaching and practices of Ethiopian orthodox tewahedochurch in forest biodiversity conservation*.
- Gowri, G. (2003). Attitudes towards old age and ageing as shown by humor. *Gerontologist*, 17(2), 220-226.groenewald, t. (2004). *A phenomenological research design illustrated*.
- Habtegiorgis, T. (2016). *Institutional care provided for the elderly and residents perception of the quality of care provided by mekedonia home for the elderly and mentally disabled*. Addis Ababa university.
- Hurst, C. S., Baranik, L. E., & Daniel, F. (2013). College student stressors: a review of the qualitative research. *Stress and health*, 29(4), 275-285.

- Kakwani, N., & Subbarao, K. (2005). Ageing and poverty in Africa and the role of social pensions: United Nations development programme, international poverty centre.
- Kawulich, B. (2005). Participant observation as a data collection method. Paper presented at the forum qualitative sozialforschung/forum: qualitative social research.
- Khan, M. e.t.l. (2014). A study on quality of life of elderly population in Bangladesh. American journal of health research, 2(4), 152-157.
- Kidane, S. (2017). Social capital building endeavors in a diversified community: the case of SOS children's villages program Addis Ababa intervention, in kolfe keranyo sub-city, Addis Ababa. Addis Ababa university.kothari, C.R. (2004). Research methodology: methods and techniques: new age international.
- Lassey, W. R., & Lassey, M. L. (2001). Quality of life for older people: an international perspective: prentice-hall incorporated.
- Lemma, S. (2014). Experiences and practices of old age home care and support to the elderly living in the institutions: assessment at three selected institutions in Addis Ababa. Addis Ababa university.
- Levinson, D. & Ross, M. (2007). Homelessness hand book. (1st Ed), great Barrington, Massachusetts. Berkshire publishing group.
- Mack, N. e.t.l. (2005). Qualitative research methods: a data collector's field guide. Family health international. North Carolina, USA. Retrieved from <http://www.fhi.org>
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews, vol 11, no 3, <http://www.qualitative-research.net/>
- Mégret, F. (2010). Justifying compensation by the international criminal court's victim's trustfund: lessons from domestic compensation schemes. Brook. J. Int'l l., 36, 123.
- Milne, D. L. (2012). The psychology of retirement: coping with the transition from work: johnwiley & sons.morgan, l., & kunkel, s. (2001). Aging: the social context: pine forge press.mwanyangala,
- M., mayombana, e.t.l. (2010). Health status and quality of life among older adults in rural Tanzania. Global health action, 3(1), 2142.nabalamba, a., & chikoko, m. (2011).

- aging population challenges in Africa: African development bank, chief economist complex.nesa, M.A., haque, M.E., siddiqua, N., & Haque, M.I. (2013a). Social status of elderly people in health perspective: a comparison of rural and urban area. *Iosr journal of humanities and social science (iosr-jhss)*, 18(6), 83-94.
- Nesa, M. A. e.t.l.(2013b). Social status of elderly people in health perspective: a comparison of rural and urban area. *Iosr journal of humanities and social science*, 18 (6), 83-94.
- Quadagno, J. (1999). *an introduction to social gerontology: aging and the life course*: Columbus, oh: mcgraw- hill.
- Ridenour, C., Benz, C., & Newman, I. (2008). *Mixed methods research: exploring the interactive continuum*: southern Illinois: university press.
- Ritchie, j & lwise, j. (2003). *Qualitative research practice: a guide for social science students and researchers (1st Ed)*. London, thousand oaks, New Delhi: sage.
- Saleh, B. (2013). *photoelectron statistics: with applications to spectroscopy and optical communication (vol. 6)*: springer.
- Sibuh, E. (2015). *Exploring effects of institutional care on the life of elderly: the case of mekedonia humanitarian association*. Addis Abeba University.
- Silverman, D. (2000). Analyzing talk and text. *Handbook of qualitative research*, 2(0), 821834.
- Staff, w. B. (2004). *Education in Rwanda: rebalancing resources to accelerate post-conflict development and poverty reduction*: World Bank publications.
- Suri, H. (2011). Purposeful sampling in qualitative research syntheses. *Qualitative research Journal*, 11(2), 63-75. Doi: 10.3316/qrj1102063.
- Velkoff, V. A. (2001). *Living arrangements and well-being of the older population: future research directions*: united nations, department of economic and social affairs, population
- Victor, C. (2004). *The social context of ageing: a textbook of gerontology*: routledge.
- Walen, H. R., & Lachman, M. E. (2000). Social support and strain from partner, family, and friends: costs and benefits for men and women in adulthood. *Journal of social and personal relationships*, 17(1), 5-30.

- Yemane, M. (1967). Elementary sampling theory, printice-hall inc. Englewood cliffs, newjersey, usa.
- yintiso, g. (2010). Inter-generational challenges in ethiopia: understanding family, children, and the elderly: proceedings of the sixth annual conference of the Ethiopian society of sociologists, social workers, and anthropologists, 14 and 15 december 2007.
- Zeng, Y., Crimmins, M., Carrière, Y., & Robine, J. (2006). Longer life and healthy aging (vol.2): springer science & business media.



# **Appendix I**

## **Jimma University**

### **College of social sciences and humanities department of sociology**

#### **Main sociology of family and gender**

##### **Introduction**

Dear informant/s, my name is deneke delkeso. I am a government employee at kembata tembaro zone urban development and construction department; and currently i am a sociology post graduate student of Jimma University. Accordingly, i am supposed to undertake research titled living condition of the elderly and practices of social support in durame town administration. it will be used as a partial fulfillment of master of arts degree in sociology of family and gender. the overall objective of the research is just to assess the living condition of the elderly and social support practices at the study area. Accordingly, this objective can only be attained when you, as a key stakeholder or interested party regarding the issue being studied, are willing to provide your genuine information. Taking part in the research is entirely voluntary.

Dear informant/s! Please bear in mind that the interview will be audio taped based on your informed consent and, still, you are free to withdraw at any time and without giving reason. I assure you that your information will never be used for any other purposes other than the research. you can be confident that participating in the study will never cause any physical, moral/psychological, financial or material loss to you with the exception of sacrificing some of your time. for this, some documents such as ethical clearances will be attached as testimonial witnessing that i belong to the institution indicated above. Your anonymity can also be guaranteed throughout the research by using pseudonym

Do you have any question with respect to this study? Do you agree to take part in this study?

1. Yes (continue)
2. No (thank you)

Thank you very much in advance for taking part in this research!

## **Appendix i.**

### **A. Interview guide for the elderly (English version)**

This in-depth interview guide focuses on the living condition of the elderly, the support he/she obtain, and his /her perception towards the social support.

#### **Part i: information on socio-demographic characteristics of the respondent**

1. Sex -----
2. Age -----
3. Place of birth-----
4. Mother tongue/ language: - -----
5. Religion-----
6. Educational qualification -----
7. Marital status-----

#### **Part 2-information on the living condition of the respondent**

1. Where do you live? -----
2. With whom do you live? -----
3. Do you have income? -----
4. To what extent the income can satisfy your basic needs?
5. How is your health condition?
6. Do you participate in your iddir, church and other social institutions?
7. What other social participations do you have?

#### **Part three: information on the social support**

1. Have you had children?
2. If yes, how is their status?
3. Are your children supporting you or helping you economically in any way?
4. Do you have close relatives and friends? Do you visit them or do they visit you?
5. Do they support you financially, materially or socially?

6. Do you have relationship with your religious institution?
7. If yes, what support do you obtain from your religious institution?
8. Are you a member of the local iddir?
9. If yes, what support do you get from the iddir?
10. What another support you obtain? From whom?
11. How is the support for you? Is it convenient for you or not?
12. Can you tell me the difficult problems you encounter in your day to day life as an elderly? Person?
13. Do your neighbors support you in day to day life? What support do your neighbors provide for you? How do you get food and who cooks for you?
14. How do young people treat you or have you ever been mistreated because of your age?

**Part 4-information on perception of the elderly towards the social support**

1. How do you feel in your life and other people of your age, and the value the community give for elderly?
2. Go back in time and tell me how you look at the situation of elderly people today and their situation when you were young?
3. What do you think would happen to you if you did not get this support from the community at all?
4. You are free to advance any other additional thoughts you might have regarding things that might not have been covered by the questions i have asked

**B. Guides for the fgds**

1. Living situation of the elderly in your respective town, based on their family arrangement, housing condition, income, social participation, their needs and problems and like.
2. What supports are being provided for elderly by family, relatives, neighbors and age groups, the community organizations (iddirs), institutions and the informal association?
3. What opportunities and challenges are there throughout the support provision?
4. Any other suggestion you want to add concerning the support for elderly

### **C. Interview guide for key informant**

#### **1. for experts from labor and social affairs office**

This key informant interview guide will focus on the living condition of the elderly, the social support being provided and challenges and opportunities the social support practice being encountered.

Name-----

sex-----

Age.....

educational

level-

Profession-----

1. What is your position in this organization?
2. How many elderly people above the age of 60 are there in this town?
3. How many of them have pension?
4. How many of the elderly lack support from their family and need support from others?
5. How is the living situation of the elderly?  
Who is supporting them?
6. What is the social protection policy for elderly people?
7. How is the implementation of the policy in this town?
8. How does your organization follow up the living condition of the elderly? Your plan and report
9. Are there formal and informal social protection systems in place to care for old people?
10. Is there any ngo who is engaged in the support for destitute elderly here in durame town?
11. Do you mobilize community on the issue of the elderly? How?
12. Is there community support for elderly in this town?
13. Please explain in detail about the community-based organizations` religious institutions` and the informal association`s support for elderly in this area
14. What opportunities and challenges do the community-based support being encountered?
15. What is to be done to sustain these supports for the elderly?
16. Any suggestion you would like to add.

Thankyousomuch!!!

**Key-informant interview guide**

**2. for leaders of religious institutions**

1: name. -----

Age-----

Sex-----

occupation-----

religion-----

Your responsibility in your institution-----

1. How is the living condition of the elderly in your respective town?
2. How many destitute/helpless/ elderlies are there in your church?
3. How many of the elderly are being supported by your institution?
4. How did you select these elderlies from the rest ones, what criteria?
5. What actual support your institutions provide for the elderly?
6. Are your institution`s members volunteer on the support being provided?
7. What challenges do your institution face in the support process / from the elderly, community, others/?
8. What is your institution`s p l a n to sustain and expand this support program?
9. Is there anything you would like to add?

Thank you so much!

**3. for leaders of (cbos) iddirs**

1. ----- age-

-----

Sex-----

occupation-----

religion-----

Your responsibility in your iddir-----

1. How is the living condition of the elderly in your respective town?
2. How many destitute/helpless/ elderlies are there in your iddir?
3. How many of the elderly are being supported by your iddir?
4. How did you select these elderlies from the rest ones, what criteria?
5. What actual support your iddir provides for the elderly?

6. Are your iddir`s members volunteer on the support being provided?
7. What opportunities and challenges do your iddir face in the support process / from the elderly, community, others/?
8. What is your iddir`s plan to sustain and expand this support program?
10. Is there anything you would like to add? /

Thankyousomuch!!

**4. for leader of the association**

Name. -----

Age-----

Sex-----

occupation-----

religion-----

Your responsibility in your association-----

2. How is the living condition of the elderly in your respective town?
3. How many destitute/helpless/ elderlies are there in your town?
  - . How many of the elderly are being supported by your association?
  - . How did you select these elderlies from the rest ones, what criteria?
  - . What actual support your association provides for the elderly? /financial, material, informational or/and social/. How?
4. What challenges do your association face in the support process / from the elderly, community, others/?
5. What is your association`s p l a n to sustain and expand this support program?
6. Is there anything you would like to add?

Thankyousomuch!!

### **3. Observation Check List**

1. What looks like the housing condition of the elderly?
2. What looks like the Sleeping places of the elderly people? Does the surrounding environment expose older people to health problems?
3. What looks like accessibility of the place where older people are living for mobility?
4. How does the physical health condition of homeless older people look like?
5. What types of work they are participating?
6. Is there any place for the homeless older people to access water for hygiene and sanitation?
7. What are observable coping strategies homeless older people employ?

**Appendix- : II**

**Interwiw guide Amharic version**

**ክፍል አንድ፡ የምላሽ ሰጪዎች ማህበራዊ-ዲሞክራሲያዊ መረጃ (ለአረጋውያን)**

ስም-----

ዕድሜ-----

ጾታ-----

የትውልድ ቦታ-----

አፍ መፍቻ ቋንቋ-----

ሃይማኖት-----

የጋብቻ ሁኔታ-----

የትም/ት ደረጃ-----

**ክፍል ሁለት፡ በአረጋውያን አኗኗር ሁኔታ ላይ የተሰጠ መረጃ**

- 1፡ የሚኖሩት የት ነው? ( በራስዎ ቤት፣ በክራይ ቤት፣ በቀበሌቤት፣ ሌላ )
- 2፡ከማን ጋር ይኖራሉ?
3. የራስዎ ገቢ ምንጭ አለዎት?
4. ያለዎት ገቢ ለመሠረተዎ ፍላጎትዎ መሟላት በቂ ነው?
- 5.የጠናዎ ሁኔታ እንዴት ነው?
6. በማህበራዊ ተቋማት ጉዳይ ይሳተፋሉ? (በዕድር፣ በቤተክርስቲያን፣ በማህበር፣ በሌሎችም)
- 7.ለማህበረሰቡ የሚያበረክቱት አስተዋጽኦ ምንድነው?
8. ሌላ ምን ፍላጎት አለዎት?

**ክፍል ሦስት፡በማህበራዊ ድጋፍ ላይ የተሰጠ መረጃ**

- 1.ልጆች አለዎት?
- 2.ካሉ ያሉበት ሁኔታ እንዴት ነው?
- 3.ልጆችዎ ይደግፍታል?
- 4.የቅርብ ዘመድ ወይም ጓደኛ አለዎት?፣ትጠያየቃላችሁ?
- 5.የቅርብ ዘመድ ወይም ጓደኛ ይጠይቁታል?
- 6.ከእምነት ተቋምዎ ጋር የቅርብ ግኑኝነት አለዎት?



7.ከአምነት ተቋም ምን ድጋፍ ያገኛሉ?

8.የዕድር አባል ነዎት?

9.ከዕድር ምን ድጋፍ ያገኛሉ?

10.ከሌላ አካል የሚያገኙት ድጋፍ አለ?

11. ድጋፉን እንዴት አዩት?

12.በዕለት ተዕለት እንቅስቃሴዎ የሚያጋጥምዎት ችግር ምንድነው?

13.ጎርቤትዎ ይደግፎታል?

14. ማህበረሰቡ ከዕድሜዎ አንጻር እንዴት ይመለከትዎታል?

**ክፍል አራት: አረጋውያን ለማህበራዊ ድጋፍ ያላቸው እይታ**

1.ማህበረሰቡ ለአረጋውያን የሚሰጠውን ድጋፍ እንዴት ይመለከቱታል?

2.እርስዎ ወጣት በነበሩ ጊዜና በአሁኑ ጊዜ ያለው ትውልድ ለአረጋውያን ያለው እይታ ምን ይመስላል?

3.ማህበራዊ ድጋፍ ላይ ምን አስተያየት አለዎት?

4.የማህበረሰቡ ድጋፍ ባይኖር አረጋውያን ምን የሚሆኑ ይመስሉታል?

**B. ለቡድን ውይይት የተዘጋጀ መወያያ**

1.በከተማዎ የአረጋውያን አኗኗር ምን ይመስላል

2.ለአረጋውያን ምን ድጋፍ ይደረጋል

3.ማህበራዊ ድጋፉን ለማጠናከር ያሉ ምቹ ሁኔታዎች ምንድናቸው

4.ለማህበራዊ ድጋፍ እንቅፋት የሚሆኑ ሁኔታዎች ምንድናቸው

5.ሌላ አስተያየት ካለ

**B. ለሁነኛ ምላሽ ሰጪዎች የተዘጋጀ ቃለ-መጠይቅ**

**ሀ. ለሠራተኛና ማህበራዊ ጉዳይ ባለሙያዎች የተዘጋጀ ቃለ-መጠይቅ**

ሥም-----

ዕድሜ-----

ጾታ-----

የትም/ት ደረጃ-----

የሙያ መስሪያ-----

1.በመስሪያቤትዎ ውስጥ ያለዎት የሥራ ድርሻ ምንድነው

2.በከተማ አስተዳደሪዎ ውስጥ ስንት አረጋውያን አሉ ወ-----ሴ-----ድ-----

- 3.የጡረታ አበል ያላቸው ጡረተኞች ብዛት ምን ያህል ነው
4. ጧሪ የሌላቸው አረጋውያን ምን ያህል ናቸው
- 5.የአረጋውያንን አኗኗር እንዴት ተመለከቱ
6. አረጋውያንን የሚደግፋቸው አካል አለ
- 7.የአረጋውያንን ማህበራዊ ከለላና ድጋፍ ፖሊሲን በአጭሩ ያብራሩ
- 8.በዝህ ከተማ የፖሊሲው አተገባበር ምን ይመስላል
- 9.መሥሪያቤትዎ የአረጋውያንን አኗኗር እንዴት ይከታተላል
- 10.መደበኛና መደበኛ ያልሆኑ የድጋፍ ሁኔታ አለ
- 11.አረጋውያንን የሚደግፍ መንግሥታዊ ያልሆኑ ድርጅት አለ
- 12.በአረጋውያን ድጋፍ ጉዳይ አረጋውያንን ታነቃንቃላቸው
- 13.በከተማው ለአረጋውያን የማህበረሰቡ ድጋፍ አለ
- 14.እባክዎን ስለማህበረሰብ ድጋፍ ሁኔታ ያብራሩ
- 15.የማህበረሰብ ድጋፉን ለማጠናከር ምን ምቹ ሁኔታ አለ
16. ምን ተግዳሮትስ አለ
- 17.ይንን የማህበረሰብ ድጋፍ ለማስቀጠል ምን መደረግ አለበት ይላሉ
- 18.ተጨማሪ ሃሳብ ካለዎት

**ለ. ለሃይማኖት ተቋማት መሪዎች የተዘጋጀ ቃለ-መጠይቅ**

ሥም-----

ዕድሜ-----

ጾታ-----

ሥራ-----

ሃይማኖት-----

በተቋሙ ውስጥ ያለዎት ኃላፊነት-----

- 1.በተቋምዎ ውስጥ ያሉ አረጋውያንን የኑሮ ሁኔታ እንዴት ያዩታል
2. በቤተክርስቲያንዎ ምን ያህል ጧሪ የሌላቸው አረጋውያን አሉ
- 3.ምን ያህል አረጋውያን በቤተክርስቲያንዎ ይደገፋሉ
4. ምን ዓይነት ድጋፍ ይደረግላቸዋል
- 5.የቤተክርስቲያናችሁ አባላት አረጋውያንን ለመደገፍ ምን ያህል ተነሳሽነት አላቸው
- 6.የአረጋውያንን ድጋፍ ለማጠናከርና ቀጣይ ለማድረግ ምን ምቹ ሁኔታ አለ

7.ተግደዳሮት የሚሆኑ ጉዳዮችስ ምንድናቸው

ሐ. በዕድር መሪዎች የተዘጋጀ ቃለ-መጠይቅ

ሥም-----

ዕድሜ-----

ጾታ-----

ሥራ-----

ሃይማኖት-----

የዕድርዎ ስም-----

በዕድርዎ ውስጥ ያለዎት ኃላፊነት-----

- 1.በዕድርዎ ውስጥ ያሉ አረጋውያንን የኑሮ ሁኔታ እንዴት ያዩታል
2. በዕድርዎ ውስጥ ምን ያህል ጧሪ የሌላቸው አረጋውያን አሉ
- 3.ምን ያህል አረጋውያን በዕድርዎ ይደገፋሉ
4. ምን ዓይነት ድጋፍ ይደረግላቸዋል
- 5.የዕድራችሁ አባላት አረጋውያንን ለመደገፍ ምን ያህል ተነሳሽነት አላቸው
- 6.የአረጋውያንን ድጋፍ ለማጠናከርና ቀጣይ ለማድረግ ምን ምቹ ሁኔታ አለ
- 7.ተግደዳሮት የሚሆኑ ጉዳዮችስ ምንድናቸው

መ. ለማህበር መሪ የተዘጋጀ ቃለ-መጠይቅ

ሥም-----

ዕድሜ-----

ጾታ-----

ሥራ-----

ሃይማኖት-----

የማህበሩ ስም-----

በማህበሩ ውስጥ ያለዎት ኃላፊነት-----

- 1.በከተማው ውስጥ ያሉ አረጋውያንን የኑሮ ሁኔታ እንዴት ያዩታል
- 2.ምን ያህል አረጋውያን ማህበርዎ ይደገፋል
3. ምን ዓይነት ድጋፍ ይደረግላቸዋል
- 4.የአረጋውያንን ድጋፍ ለማጠናከርና ቀጣይ ለማድረግ ምን ምቹ ሁኔታ አለ
- 5.ተግደዳሮት የሚሆኑ ጉዳዮችስ ምንድናቸው

**C.የመስክ ምልክታ የትኩረት ነጥቦች**

- 1.የአረጋውያን መኖሪያቤት ሁኔታ
- 2.ቤት የሌላቸው አረጋውያን የሚተኙባቸው ሥፍራዎች
- 3.አረጋውያኑ የሚኖሩባቸው አካባቢዎች ምቹነት
- 4.የአረጋውያኑ አካላዊ ጠንካራ ሁኔታ
- 5.የአረጋውያኑ የዕለት ተዕለት እንቅስቃሴ