

## FULL LENGTH ARTICLE

## Socio-economic Situation of the Elderly in Jimma Zone, Oromia/ Ethiopia

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Recommended citation:

Amanti Baru, Dereje Wonde, & Nega Jibat (2018). Socio-economic situation of the elderly in Jimma Zone, Oromia/Ethiopia. *Ethiop.j.soc.lang.stud.*, Vol.5.No.2,pp.3-22.eISSN:2408-9532; pISSN:2412-5180. ISBN: 978-99944-70-78-5.

Web Address: <http://www.ju.edu.et/cssljournal/>. Open access address: [journals.ju.edu.et](http://journals.ju.edu.et)

## Abstract

In the past, the elderly had strong social support and full respect. The traditional social matrix has, however, now changed and the elderly are one of the poorest and marginalized sections of the population. This study was conducted in Jimma zone on the socioeconomic situation of the elderly. The study employed cross-sectional design, and methodological triangulation to gather data: interviews, observations and questionnaires. Almost half of the elderly were living in disorganized family structure. The elderly had meager income, deteriorated state of health and declined social support. Informal social support from kin is weak or totally lost, and majority of the elderly were not in a position to have access to formal support. Age related physical limitations, migration, retirement, death of supporters, recklessness of children and the declining capacity of care-givers are among the factors for elderly sufferings. Farming, begging, using leftover foods and stuffs, limiting needs and seeking support from their networks were the major coping strategies adopted by the elderly. Control over resources, participation in societal activities and having renowned children were perceived as sources of elderly privilege. The elderly identified capital, free medication, job opportunity and provision of basic services as their top needs. The study concludes, if the current condition continues unchanged, the future might be a difficult time for the elderly. Government, communities, 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.

**Key terms:** /Coping strategies/Elderly/Social change/Socioeconomic challenges/Social policy/

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## **1. Introduction**

Since the mid-twentieth century, the world population has been experiencing rising proportion of older persons in the total population. Ageing had started earlier in the more developed countries (United Nations, 2013) but currently the elderly population in developing countries has outpaced those in the developed world (Darkwa, 2006). Estimates in 2013 were that about 554 million (65.9%) of the approximately 841 million older persons aged 60 and older in the world were living in the developing world (United Nations, 2013).

In Sub-Saharan Africa, 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). Ethiopia, as a part of sub Saharan Africa, shares the same history (Belay, 2005). However, the traditional social matrix has now changed and these 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 has and still is contributing to the deteriorating situations of the elderly as it leads to family break ups due to migration in search of jobs and in pursue of education (Abdi, 2012). Some studies in other African countries indicate that the family support system and respect for the elders is now changing and people over 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; Nabalamba & Chikoko, 2011) and lack of viable safety nets (Nabalamba & Chikoko, 2011).

Western countries experienced breakdown of traditional support system for the elderly many decades ago. Thus, this change is not something exclusive to Sub-Saharan Africa. But in industrialized countries, old age support is coming to a great extent from large public or private pension and healthcare systems (Quadagno, 1999). By contrast, in Sub-Saharan Africa with the exceptions of Botswana, Mauritius, Namibia, and South Africa, formal social welfare schemes are nearly nonexistent and, when they do exist, tend to pay minimal benefits and cover only a small fraction of the elderly population (Gillian, Turner, Clive, & Latulippe (eds.), 2000).

In Ethiopia, there is no formal institutional support system for the vast majority of the elderly. Only former government employees receive pension or survivor benefits (Belay, 2005). The public institutional care service is given only in few homes across the country. These homes have very low capacity to give care for the growing aged population (Lwanga-Ntale, Rusinow & Knox, 2010).

The absence of public pensions, and the weakening condition of family and community supports due to migration and poverty (Gebremariam & Adamek, 2015) stimulates interest to know socio-economic situation of the elderly and how they are leading their life in the face of the occurred disruptions. The socio-economic situation of

the elderly needs to be pragmatically studied to get prepared for the changes associated with the projected unprecedented increase in the number of elderly. Hence, this study is concerned with examining the socioeconomic situation of elderly in Jimma zone, a setting where published article on the issue is absent.

Such studies would have significant implications for social policy and theory development. As a result, the study of older age and older people is a burgeoning industry in all contemporary industrialized countries, due in part to increases in population aging (Alwin, 2011). In Africa, however, the research on aging is rarely available. Particularly in Ethiopia, to this date, only few studies have been published on the issue of aging, and none of them were concerned with deep investigation into the socio-economic condition of the elderly in Jimma zone. The study conducted by Kifle (2002) was exclusively concerned with elderly in Amhara of Ensuru. Two studies were also conducted on elderly in 2010 and 2011 by Help Age International. The studies were rapid assessments. Thus, it is hardly possible to say these studies can tell us enough about the wellbeing of old peoples in Jimma zone. This is the gap which served as a thrust for this study. Data for the study was collected in 2013 from Jimma zone. The general objective of the study was to investigate the socioeconomic situation of rural and urban elderly in Jimma Zone. The following research questions were formulated to address this general objective.

- i. To what extent income (wealth) of elderly can satisfy their basic needs?
- ii. What does the nature of family and community support for the aged look like?
- iii. What does the self-reported health conditions of the elderly look like?
- iv. What social roles and responsibilities do older people play?
- v. Are there formal and informal social protection systems in place to care for old people?

## **2. Theoretical Framework of the Study**

Some influential theoretical ideas have been developed and influenced understanding of old age and aging. Some of these theories are: disengagement, activity and political economy.

Disengagement is the first explicit social theory of ageing. The theory argues that ageing involves a gradual and inevitable withdrawal of the elderly from socio-economic participation in preparation for death. Disengagement theory further posits that such withdrawal is mutually beneficial for both older persons and the society (Victor, 2004). This theory is criticized for its adverse consequence of legitimizing old age segregation, and reinforcing negative stereotypes of older people. It devalued the status and self-esteem of those people who do work with and look after older people (Stuart-Hamilton, 2011).

The inverse to disengagement is activity theory. This theory entails that social activity is the essence of life for all people of all ages, including the elderly. Activity theory postulates that 'those who 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.

Political Economy of aging is used to guide the study. Political economy 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 status quo by reducing the problems at old age to older individual. Thus, this study employed political economy theory to understand the socioeconomic situation of the elderly by relating with the broader structural factors. In line with the main tenet of political economy perspective, the end goal of this study's finding is promoting social justice for the elderly.

### 3. Methods

Data were collected by using qualitative and quantitative research approaches in 2013 from Jimma zone. The qualitative approach employed in-depth interviews, observation and key informant interviews. In-depth interviews were conducted with elderly who were selected during administration of questionnaire. These elderly were selected for in-depth interview because of their more expressive character or very serious problems they suffered. In depth interviews mainly focused on information regarding type and structure of the family, pattern of social support, current needs and problems, and survival strategies. Observation of older people's routine activities and living condition on the street, in the houses and farm fields was also used to collect qualitative information. The researchers assumed *the observer as participant* role. In the *observer as participant* stance, a researcher is an observer who is not a member of the group, have access to many different people from whom he/she may obtain information, and observe and interact closely enough without participating in those activities constituting the core of group membership (Kawulich, 2005). Qualitative information collected through in-depth interviews and observations was triangulated with key informant interviews. Key informant interviews were conducted with professionals in

labor and social affair offices to get data about the condition of formal protection schemes.

To collect quantitative data, researchers used survey. The main emphasis of the survey was to collect information about the socio demographic backgrounds and socio-economic information using a pre-tested questionnaire. The research used *cross sectional* study design. Similar group of people (old people above 60) was studied over many different points (social and economic) at one point in time. Since civil registration system is very weak in Ethiopia, obtaining a sampling frame of populations above 60 is hardly possible. Given this fact, using non-probability sampling technique was mandatory. A survey of 84 elderly was made with convenience sampling in four purposively selected sites (Jimma and Sokoru towns, and two peasant villages, Tikur Balto of Kersa district and Kore of Mena district). While determining a sample size of the elderly and study sites, time, cost and geographical location were taken into account. Through employing convenience sampling, such respondents easily available and accessible within the study premises, were included.

Qualitative information was analyzed using thematic analysis. Information collected through interviews and observation was transcribed, organized and classified (re-classified) into thematic topics and then analyzed to generate meanings and implications. Quantitative data was analyzed using statistical tools. Quantitative data was organized, cleared, and coded. Descriptive statistics such as percentage and frequencies were used.

## **4. Results**

### **4.1. Socio-Demographic Background of Respondents**

Sex distribution of the sample elderly shows that proportionally larger number of males participated in urban areas, 53.96%, compared to those in rural (46.04%). However, the proportion of female and male elderly involved in this research was more or less balanced. Male elderly are represented with 50.78% and female elderly with 49.22%.

With regard to age, 38.09% and 57.14% of respondents from urban and rural areas respectively were found in the age group 60-64, and 61.91 % of urban and 42.86 % rural elderly participated in this study were 65 and above.

**Table 1: Distribution of Respondents by their Socio-demographic Profile**

		Frequency		Percentage	
		Urban	Rural	Urban	Rural
<b>Sex</b>	Male	34	10	53.96	47.61
	Female	29	11	46.04	52.39
<b>Age</b>	60-64	24	12	38.09	57.14
	65-69	22	-	34.92	-
	70-74	8	5	12.69	23.82
	75-79	5	1	7.96	4.76
	≥80	4	3	6.34	14.08
<b>Marital status</b>	Never married	-	1	-	4.76
	Married	31	10	49.21	47.61
	Widowed	23	6	36.51	28.57
	Divorced	9	4	14.28	19.26
<b>Educational status</b>	Non literate	32	14	50.79	66.66
	Adult education	7	4	11.11	19.06
	Elementary education	9	3	14.28	14.28
	High school	6	-	9.58	-
	Diploma	7	-	11.11	-
	Degree and above	2	-	3.13	-
<b>Do you have your own house?</b>	Yes	48	20	76.19	95.23
	No	15	1	23.81	4.77
<b>Whom do you live with?</b>	With spouse	31	10	49.21	47.61
	With married children	7	5	11.11	23.81
	With unmarried children	22	9	34.92	42.85
	With other relative	9	2	14.28	9.52
	With non-relative	9	-	14.28	-
	Alone	13	-	20.63	-

*Source:* Field Survey, 2013

The data on marital status of respondents reveal that almost half (49.21%) of urban elderly and 47.61% of rural elderly were married; 36.51% of urban and 28.57% of rural respondents' marital status was widowed. Respondents who divorced were 14.28% and 19.26% in urban and rural respectively.

Table 1 also reveals 50.79% and 66.66% of respondents from urban and rural areas respectively are non-literate. The remaining rural elderly had received adult education (19.06%) and elementary school education (14.28%). Respondents who attained high school and above were 23.8% in urban and none of rural elderly respondent had achieved this level of literacy. Hence, literacy level of elderly was very low. Especially rural elderly were less literate when compared to their urban counterpart.

Significant majority of respondents (76.19% in urban and 95.23% in rural) had their own house. With open ended question respondents who had no house were asked to give information where they live. They were living in rented house (from government and private), in church yards, on verandas and on the street. Slightly less than half of urban elderly and rural elderly (49.21% and 47.61% respectively) were living with their spouses at the time of data collection. Proportion of urban elderly who were living alone was 20.63% whereas there were no rural respondents in this category. The rest of urban respondents (about 79.4) and all of rural respondents were living either with their spouse, children, grandchildren, relatives or non-relatives.

#### **4.2. Socio-Economic Profile of Respondents**

As presented in Table 2, 33.33% of urban elderly and 90.47% of rural elderly respectively reported salary from government and agriculture as their main source of livelihood before the age of 60. The other means of livelihood for urban elderly before the age of 60 were agriculture (23.81%), salary from private organizations (7.93%), private business (19.04%), daily labor (7.93%) and other activities like renting house and support from spouse (15.87%). For the rural elderly, private business (4.76%) and daily labor (4.76%) were means of livelihood before they were 60 years old. From this data it can be understood when they were younger than 60 respondents were entirely engaged in an earning activity. However, most of them were employed in the informal sectors where formal welfare and social protection did not exist.

For some respondents, their current means of livelihood sharply deviates from their previous one. However, majority of rural elderly maintained their previous means of livelihood as 71.43% of them were still in agriculture. Among employed, new means of livelihood urban elderly took up after crossing 60 were begging (15.87%) and pension (30.15%). The major reasons urban elderly presented for shifting their means of livelihood were migration, forced retirement, incapability and sudden death of supporters. The prevalence of begging in the urban part of study areas as means of livelihood can be understood just by observation. Helpless and destitute elderly were seen sitting on the side of streets, near churches, and at taxi stops begging passing by people for money and other material help. At the time of data collection, means of livelihood for rural respondents were restricted to agriculture (71.43%) and support from relatives (28.57%) while there were more diversified means of livelihood in urban areas.

The data on average monthly income show 42.85% and 66.66% of respondents from urban and rural respectively earned less than 400 Ethiopian birr, hereafter shortly birr, per month. Elderly whose income was about 1000 were only 21.24% in urban and 9.54% in rural. This data shows majority of elderly income was skewed to the low level one. It is not difficult to conclude from this data that elderly are in difficult situation to get command over basic stuffs to satisfy their elementary needs let alone living desired life. With this regard elderly were asked to give their own account of whether their earnings cover expenses for basic needs. The majority, 61.91%, of elderly were not in a position to have access to things which satisfies basic needs.

**Table 2: Distribution of Respondents by their Socio-economic Profile**

		Frequency		Percentage	
		Urban	Rural	Urban	Rural
<b>Means of livelihood before crossing 60</b>	Agriculture	15	19	23.81	90.47
	Salary from government	21	-	33.33	-
	Salary from private organization	5	-	7.93	-
	Private business	12	1	19.04	4.76
	Daily labor	5	1	7.93	4.77
	Support from relatives	7	-	11.11	-
	Other	10	-	15.87	-
<b>Means of livelihood now</b>	Agriculture	-	15	-	71.43
	Salary from private organization	2	-	3.17	-
	Private business	11	-	17.46	-
	Daily labor	2	-	3.17	-
	Begging	10	-	15.87	-
	Support from humanitarian organization	5	-	7.93	-
	Support from relatives	17	6	26.98	28.57
	Pension	19	-	30.15	-
<b>Average monthly income in Birr</b>	Other	11	-	17.46	-
	<200	17	3	26.98	14.28
	201-400	10	11	15.87	52.38
	401-600	7	3	11.11	14.28
	601-800	8	2	12.69	9.52
	801-1000	7	-	11.11	-
	1001-1200	2	2	3.12	9.54
	>1200	12	-	19.12	-
<b>Can your monthly income cover expenses for basic needs?</b>	Yes	24	8	38.09	38.09
	No	39	13	61.91	61.91
<b>Is the assistance you get from kin changing over time?</b>	Yes	25	7	39.68	33.33
	No	38	14	60.32	66.67
<b>Are you caring for other dependents?</b>	Yes	49	14	77.77	66.66
	No	14	7	22.23	33.34
<b>Who are those dependents</b>	Grandchildren	9	7	14.28	33.33
	Offspring and grand children	9	8	14.28	38.09
	Offspring	32	6	50.79	28.58
	Other	12	-	19.04	-

*Source:* Field Survey, 2013

In the face of hardships resulting from incapability of meeting basic needs, elderly use coping strategies like petty trading, limiting needs, humble enquiring of others for help, borrowing of money, maintaining holdings like clothes and shoes, taking up leftover foods, shoes and clothes from others, and piecemeal use of resources.



The study has also encountered elderly who were abused and deprived of their economic right. A 74 years old female from Kore, a rural area, narrates. The narration evidences the existence of economic abuse against the elderly.

During the regime of Haileselassie, my husband and I had been enjoying good life under one roof with the resources we used to get from our harvest on extensive land and coffee plantation. With the coming to power of *derg*'s regime, our resources were confiscated by the government and my husband was migrated away. I left helpless with my children. Relatives of then took away from me one of my children, the last one. When the new government [EPRDF]<sup>4</sup> started to give back resources for previous owners, I got only a few since I had no knowledge to claim my resources. After some time the child whom relatives of my husband brought up came back. I was happy getting back my son believing I would not be alone and suffer any more. Ironically my child suppressed and abused me through controlling and snatching my resources. I am getting nothing out of my resources (coffee and land). He drinks and smokes. To sustain my life, I traveled to Jimma town, where people do not know me, to beg for money. There is nothing I can do to benefit from my resources. I beg Allah to make my child right minded.

As shown in Table 2, 39.28% and 33.33% of respondents from urban and rural areas in that order said the assistance they get from kin groups and relatives is changing over time. Implied factors behind this include: supporters' death, marriage, involvement in education, irresponsibility, migration and declining state of life of the caregivers.

Majority of respondents, 77.77% and 66.66% from urban and rural areas correspondingly, were caring for other dependents (see Table 2). The justification behind caring for other dependents is mainly morality concern since those dependents are not matured enough and economically self-sufficient. Some dependents do not have parent(s) and therefore are completely dependent on their grandfathers or grandmothers for help and expectation of reciprocity from care takers. About 50.79% of respondents from urban areas and 33.33% of respondents from rural areas were caring for grandchildren. The respondents' help to those dependents include material support, financial support, social and psychological supports. Migration of parents to Arab countries was among the main reasons which made grandchildren to be dependent on their grandparents.

As personal interview with the elderly reveals, the coping strategies the elderly adopting are not healthy. Using dumped food and clothes, and sitting on the streets under hot sun would make elderly susceptible to numerous health problems. What was making the situation of elderly worse was many of them had someone else whom they support. The elderly were not happy about their condition of life. They were despaired and

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<sup>4</sup>Ethiopian People Revolutionary Democratic Front that has been ruling Ethiopia since 1991

hopeless about their future life. These feelings would have negative impact on the quality of life they lead.

**4.3. Social Status and Roles of Elderly**

As depicted in Table 3, about 44.4 % of respondents in urban areas believed all individuals whom they live, work and encounter with address them in a very humble and respectful manner. About 22% of respondents perceived that most individuals give them prestige. There were also respondents who reported they receive respect only from some of their contacts.

About 9% of the respondents responded that only very few individuals give them respect. Others (1.58%) imagine they were not getting reverence from anyone. The proportion of respondents in rural areas who felt they were respected by all individuals is 47.6 % whereas 14.28%, 19.02% and 19.02 % of respondents respectively felt that they were respected by most, some and few.

**Table 3: Distribution of Respondents Based on their Social Status and Roles**

Item	Response	Frequency		Percentage	
		Rural	Urban	Rural	Urban
<b>From how many people do you get respect for being older member of the community?</b>	All people	28	10	44.4	47.6
	Most people	14	3	22.2	14.28
	Some people	11	4	17.46	19.04
	Few people	9	4	14.28	19.04
	None	1	-	1.58	-
<b>Perceived reasons for not get respected</b>	Obsolete knowledge	5	2	7.93	9.5
	Poverty	23	3	36.5	14.28
	Poor physical strength	16	3	25.39	14.28
	Poor appearance	9	3	14.28	14.28
	Diminished memory	8	-	12.69	-
	Others	2	3	3.17	14.28
<b>Prestige-generating roles and status in the community for elderly</b>	Advisory	21	4	33.33	19.04
	Participating in and contributing to social activities	37	3	58.73	14.28
	Control over resources to social activities	25	4	39.68	19.047
	Retention of prestige with former statuses	20	5	31.74	23.8
	Having renown children	36	2	57.14	9.52
	Others	7	9	11.11	42.85

Source: Field Survey, 2013

Respondents who believed they receive good treatment from not all people were also asked to pinpoint the perceived reasons why they were not respected. Poverty

followed by poor physical strength and poor appearance were the three most perceived factors for the decline of the prestige given to old people. The other reason was the expansion of modern education. When explaining how modern education eroded the prestige used to be given for elderly, one elderly stated: *“Old people used to be the main source of knowledge in the past. Hence, everybody was giving them respect. Today as modern education expanded youngsters started considering our knowledge as obsolete. They consider us as old fashioned and they ignore us.”*

Elderly were also asked with open ended question to compare the prestige which is given to old people in past and in the present time. Respondents unanimously replied when they were young the reverence old people used to get were impressive. They picture that time as “golden age of aging”. Consequently, many of them had strong ambition to live up to old age to enjoy that special privilege. One elderly stated his experience as, *“When I was young, youngsters used to hold lamp at the dinner time when our old people eat. At that time I always used to dream to enjoy such privilege and several other honors living up to old age. Nowadays let alone holding lamp, youngsters are not leaving us path to pass.”*

Yet if elders actively participate in religious events, contribute ideas when people are gathered, take part in traditional conflict resolutions like “*jarsumma*”, their prestige and respect increases proportionally. Control over income generating resources like land, houses, and other wealth were the second most widely stated reasons for older people to get respect. Those who give advice children and young, and maintain follow up are also the one most respected. Having renowned children and maintaining status related with positions occupied in early age were the other reasons which made elderly respected.

#### **4.4. Problems, Needs and Policy Conditions**

In this research an attempt was also made to know whether elderly can assume an activity which is considered normal for an adult. The significant majority of elderly in urban areas (57.14%) responded to this question in an affirmative manner. They replied that they could undertake normal activities. But in rural areas only tiny proportion (28.57%) of respondents could perform activities considered normal for an adult. The difference in proportion of elderly who can perform normal adult activities between urban and rural could be due to the fact that in the studied rural areas the dominant activity was farming, and it is obviously laborious and demands strong muscle which aged people hardly perform. In rural areas the overwhelming majority of respondents could perform some normal adult activities where as in urban areas the proportion of respondents who could perform only some normal adult activities was about 38%.

Respondents were also asked to identify the kinds of chores they couldn't perform. About 16 % of sampled elderly in urban areas and 10% in rural areas found walking around without support of people or appliances is difficult or impossible. Slight multitude of elderly in rural areas (47.6%) and 7.93 % in urban elderly couldn't perform activities which are laborious like lifting up and carrying weight, farming, and walking

long distance. In urban areas respondents who couldn't take bath (4.761%) and who couldn't get out for toilet (1.58%) were also encountered.

The sampled elderly were also asked to rate their health status on a 4-point scale ranging from excellent to poor. About one third of urban elderly and 38% of rural elderly rated their health status as either fair or poor. On the other hand, 44.4 % of urban elderly and 42.84 of rural elderly rated their health condition as good. The proportion of old people who rated their health as excellent were 7.9% in the targeted urban areas and 4.76% in rural areas.

**Table 4 Distribution of Respondents Based on Problems they Encountered and Capabilities**

	Response	Frequency		Percentage	
		Rural	Urban	Rural	Urban
<b>Can you do normal activities by yourself?</b>	Yes I can do all normal activities by my self	36	6	57.14	28.57
	I can do some normal activities	24	12	38.095	57.14
	No I can't do	3	3	4.76	14.28
<b>What are those activities you can't perform?</b>	Getting out for toilet	1	-	1.58	-
	Taking bath	3	-	4.761	-
	Walking around without support	10	2	15.87	9.52
	Others	5	10	7.93	47.6
	Excellent	5	1	7.9	4.76
<b>How do you rate your health conditions?</b>	Good	28	9	44.4	42.84
	Fair	13	7	20.6	33.33
	Poor	8	1	12.69	4.76
	Always	12	-	19.04	-
<b>How often do you seek medical services?</b>	Sometimes	22	13	34.9	61.9
	Rarely	18	6	28.57	28.57
	With your own money	41	16	65.079	76.19
<b>Under what situation do you attend medical care?</b>	With the assistance of close relatives	12	3	19.04	14.28
	Free medical services	3	1	4.76	4.76
	Others	2	-	3.17	-
	Lack of money	11	8	17.46	38.09
<b>What deters you from seeking medical services?</b>	Don't believe in the effectiveness of modern medical services	1	1	1.58	4.76
	Use traditional medicine	3	1	4.76	4.761
	Others	1	-	1.58	-

Source: Field Survey, 2013

The elderly were further asked to tell whether they visit health care facilities when they face health problems and how often they do so. Significant majority of elderly in both urban and rural settings (93.65% and 90.47% respectively) responded that they consult physicians travelling to health centers. On the other hand, 6.35% of urban elderly and 9.52% of rural elderly responded that they never used modern medicine. With regards to the frequency with which they travel to health centers, only 19.04% of urban elderly responded that they consult physicians whenever they recognize health problems. On the other hand, 61.9 % of elderly living in rural settings and 34.9% of elderly living in urban settings use the service of health centers only sometimes; 28.57% of elders in both urban and rural areas said that they rarely used treatments by modern physicians.

In relation to health, elderly were also asked to disclose under what conditions they get access to the services of health centers and reason for not getting medical treatment. About 67% of urban respondents and about 76% of rural respondents said they get treatment with their own money. The proportions of respondents who get medical services with the assistance of relatives were 19% in urban and 14% in rural areas. Lack of money was the major reason deterring elderly from making use of modern medical services. Lack of trust in the effectiveness of modern medicine could be another reason why the old people are reluctant to seek thereof treatment. Because of these and other reasons, the old people preferred traditional medicine to modern ones when they feel symptoms of any diseases and illness.

**Table 5: Distribution of Respondents Based on their Needs and Institutionalized Response**

	Response	Frequency		Percentage	
		Rural	Urban	Rural	Urban
<b>Do you get any support from the government?</b>	Yes	5	-	7.93	-
	No	57	21	90.47	100
<b>What should be done on the part of the government for the elderly in your community?</b>	Providing cloth	26	4	41.26	19.04
	Providing food	28	7	44.44	33.33
	Providing medication	49	6	77.77	28.57
	Providing money	50	6	79.36	28.57
	Housing	24	4	38.95	19.04
	providing job	20	-	31.74	-
<b>What is your future ambition?</b>	Others	-	5	-	23.8
	To get cured from illness	38	11	60.3	52.3
	To get formal support	29	5	46.03	23.8
	To get informal support	7	2	11.11	9.52
	To be rich	29	7	46.03	33.33
	To die before further sufferings	8	1	12.69	4.76
	To live long	49	13	77.77	61.9
	Others	2	-	3.17	-

*Source: Field Survey, 2013*

Table 5 reports about the availability of formal support system for the elderly and needs of elderly. All of the elderly in rural areas (100%) unanimously responded saying there were no exclusive government supports for the elderly. The fraction of respondents in urban areas who replied there were no exclusive formal support for them was about nine tenth.

Interview with key informants has also yielded information which confirms the above presented data. According to our key informants in Jimma zone and Jimma town labor and social affair offices, so far policies and action plans have been designed by federal government and have been handed down to all layers of labor and social affair offices (regional, zonal and district offices). One of the special concerns of developmental social welfare policy, for example, was improving the wellbeing of elderly. To this end, 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 June 2006. This policy is aimed at improving the standard and quality of social welfare service of older persons with in a time frame from 1998 to 2007E.C. Specifically the policy had set objectives, such as expanding and strengthening services for older persons, and giving attention to the rights and needs of older persons. According to key informants, these policies and action plans were not implemented due to lack of fund from the concerned regional and federal bureaus, and absence of clearly defined and detailed plan for action.

Labor and social affair offices are directly mandated to oversee, follow up and respond to issues related to older persons in Ethiopia. Informants in these offices were asked whether there were any activities they performed for the elderly. The activities they performed include organizing some elderly into small scale groups and celebrating elderly day in partnership with these groups. The tasks of small scale elderly groups were collecting regular contribution from members and helping some elderly whose conditions were very serious. They perform activities like maintaining about to fall and dilapidated homes of helpless elderly, and provision of clothes and foods for elderly. Most of these activities were performed by these associations only on the day of elderly day celebration in October. These associations had no enough resources to perform life changing activities for mass elderly. Apart from these, there were no activities performed by this office to help old people. Ironically this office had some information about the needs and problems of old people.

Elderly were asked to identify and prioritize their needs. Significant majority of urban elderly (79.36%) wanted government to provide them with seed money where as 28.57% rural elderly wanted free medication and money in cash. Next to the provision of money, urban elderly wanted free medication (77.77%), food (44.4%), cloth (41.26%), house (38.095 %) and job (31.74%). In rural areas, next to free medical services and money, elderly wanted supply of food (44.44%) especially in June, July and August (rainy season) when the availability and access to food declines, other supports like

discounting prices of fertilizer and provision of farm tools(23.8%), housing(19.04%) , and cloth(19.04%).

When asked about their future ambitions, majority of respondents, 60.3% of urban elderly and 53.3% of rural elderly had the ambition of getting cured and live long. The percentage of respondents who wished to be rich was 46.03% in urban areas and 33.33% in rural areas. The third category of need was getting formal support (46.03% in urban and 23.8% in rural). But the proportion of respondents who wished to get persistent support from kin and community was only 11.11% in urban and 9.52% in rural. There were also elderly who wished death before further sufferings (12.69 % in urban and 4.76 % in rural). This category of the elderly also replied that they wished death because death is what they perceived as an escape from suffering. What they feared more were not death but suffering, sickness, ignorance, poverty and difficulties. Since they were testing all these problems these elderly preferred death.

### **5. Discussions**

This study shows that majority of the elderly were living in disorganized family structure: not living with their marital partner or were living alone. 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) but many elderly participated in the study are disadvantaged in this regard. The greater part of the elderly population is non-literate and the remaining significant portion of the elderly had attained only lower school level. Observed old people's socio-demographic and socio-economic status largely have negative impact on their wellbeing since Mwanyangala et al. (2010) asserts higher quality of life is associated with being married, a high level of education and higher socio-economic status.

In developing countries, the elderly are incorrectly considered dependents and impediments to social development (Kalasa, 2001). However, this study found that the elderly give care to or support other dependents, carry out normal adult activities or have showed the need to participate in gainful activities. Participation of the elderly in social and economic activities has positive effect for prestige and quality of life of the elderly (Soumerai & Avorn, 1983; Berkman, Boersch-Supan, & Avendano, 2015). Hence, this study has an implication of facilitating elderly participation in socio-economic activities and control over income generating resources since such activities are important means of keeping away poverty and coping with unexpected outcomes (Barrientos, Gorman, & Heslop, 2003). The study found that elderly were mainly engaged in an earning activity in the informal sectors, where formal welfare and social protection does not exist, when they were younger. Majority of rural elderly maintained their previous means of livelihood as most of them were still in agriculture. However, migration, forced retirement, limited capability or passing away of supporters are the factors that led urban elderly to shift their means of livelihood. The continued need of the elderly to participate in economic activities was reflected by their need to access seed money although other

study (HelpAge International, 2013) indicated that access to credit services was significantly limited among the elderly in Ethiopia. This evidence of elderly needing participation in labor force stands in stark contrast with disengagement theory which states that normal aging involves a natural and inevitable withdrawal from activities and social interactions (Quadagno, 1999).

Elderly of the study areas are in a difficult situation to get materials that satisfies their basic needs and their judgment of their own quality of life is very low. Their coping strategies (limiting needs, begging, borrowing of money, maintenance of holdings like clothes and shoes, taking up leftover foods, shoes and clothes from others, and piecemeal use of resources) have adverse impact on their life and also morally painful. The widespread of begging as survival strategy among the urban elderly is easily noticed with observations. Consistent with findings of this study, HelpAge International (2013) found that ill health, diminishing family and community support, limited social security services, lack of education, limited employment and income generating opportunities as the challenges elderly people in Ethiopia are facing. The elderly of the study were not happy about their condition of life. They were despaired and hopeless about their future life. These feelings would have an impact on the quality of life they lead. Although majority of the elderly had ambitions of having good health and living long, there were elderly who wished death to escape from suffering, sickness, ignorance, poverty and difficulties.

Abuse against economic rights of the elderly is one of the factors disadvantaging the elderly. According to HelpAge International (2008 ), many older people in Africa experience deepening poverty, abuse, and are unable to access entitlements that are theirs by right. In contrast with the commonly held assumptions that elderly in developing countries benefits from extended family and community support, this study found the declining, in some case, rare informal support provided to the elderly, declining prestige and respect mainly due to poverty, weak energy and poor appearance. This changing face of the relationship between the community and the elderly needs active legal and social protection for the elderly.

This study shows that the elderly are heterogeneous in terms of their problems and needs. Majority of urban elderly can perform normal adult activities and only few of the rural elderly perform such activities. Elderly are also diverse in terms of their health status with about half of the elderly rating their health status as good. This findings challenge stereotypes of aging in contemporary societies as largely a time of ill health, dependency, and poor (Dionigi, 2015). A large number of elderly rated their health as good, and their health seeking behavior from modern health care facilities is low due to mainly shortage of money, and they requested free/subsidized medication to this end.

By and large, the status of the elderly is declining in the study areas; formal government intervention is very weak to address their challenges and there is almost no exclusive government support for the elderly. Policies and action plans designed by government and labor and social affair offices mandated to implement are scantily functioning due to lack of fund and absence of clear plan for action. Limited political



commitment of the government to implement policies and action plans to enhance wellbeing of the elderly and socio-economic factors identified by this study as affecting the elderly tantamount to structural vulnerability. In consistency with structural vulnerability approach (Schröder-Butterfill & Marianti, 2006) and political economy of aging theory, this study advocates mitigation strategies that involve long-term transformations of socio-political and economic structures, such as poverty alleviation, social security schemes, empowerment and inclusion to ensure social justice for the elderly.

## **6. Conclusion and Recommendations**

The study observed that the elderly have very low income which is far from enabling them to have dependable access to materials of basic needs. In face of this problems, elderly were not passive. Despite their deteriorated state of health and little capabilities, elderly are taking part in activities like farming and begging to make adjustment to their economic hardships. Using dumped foods and stuffs, limiting needs, postponing pleasure and seeking support from their networks are among coping strategies adopted by elderly. Income sources and livelihood strategies of elderly are deteriorating as age increases. There are also a number of other factors which supplement normal aging to make elderly susceptible to hardships. Migration of supporters and the elderly to other areas, retirement, death of supporter, irresponsibility of children and the declining of the standard of care givers were the major factors which were behind elderly sufferings.

Getting old has become less valued with modernization, poverty and expansion of modern formal education. Economic power derived from control over resources and social power derived from participation in social activities as well as having renowned children are major factors playing roles for elderly to be respected.

Low healthcare seeking behavior and poor health are critical problems of the elderly given lack of free or subsidized medical treatment. Living in disorganized family structures because of divorce and widowhood worsens lack of informal social support for the elderly. The support elderly are getting from their kin is declining or nonexistent. Status of informal social support is better in rural areas where as only some elderly in towns are getting pensions. This declining level or non-existence of kin support added with the declined physical endurance put elderly in a serious economic and social life. Developmental social welfare policy that was intended to positively affect life of elderly remains impractical. Nothing significant has been made by government to translate this policy into action to benefit elderly. Organizing elderly in associations alone is found insufficient to improve the wellbeing of elderly because of lack of reliable sources to support them. Generally, elderly of the study area were far from being the beneficiary of governments support.

Money is the first priority of elderly in urban areas where as food stuffs and medication services are equally wanted by rural elderly. Able bodied elderly can work if enabling environment is created for them. With regard to their future, many elderly were

hopeless and despaired; some preferred death than further sufferings. Primary relation and kin support is losing ground and government's support for the elderly is loose and not inclusive. When combined with inevitable declining of physical endurance brought with aging elderly would face serious hardships. Over all, if the current condition continues unchanged, the future would be a difficult time for the elderly.

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. Programs and action plans designed so far to translate policies in to action fail to reach the large segment of elderly population. To this end, the researchers recommend the following initiatives.

Government should provide financial support for needy elderly using means-test approach to enable elderly engage in business and to get access to stuffs which satisfy basic needs. Government and other responsible stakeholders should collaboratively perform capacity building activities (financial and care giving skills) for care givers. A platform is needed which enables community to give support for elderly with the active involvement of elderly in their care and in the effective utilization of their wisdom, knowledge and skills in development. Affirmative action like provision of cheap or charge free medical treatment, food and housing should be given for elderly by government and non-government bodies. Government has to make specific action plans and allocate budgets to improve the wellbeing of elderly. Actions to reunite abandoned elderly with their family or relatives have to be performed by social affairs offices in collaboration with other stakeholders.

Government, NGOs, faith based organizations and other stakeholders have to build care home at a zonal or district level and make available recreational facilities for the elderly. Elderly associations should be provided with all relevant resources so that they can improve the livelihood of elderly. Awareness about legal issues and rights of elderly should be given for elderly particularly to enable them get benefit from their properties and to avoid abuse. Younger generation should be thought the importance and other justifications behind respecting senior citizens. Revitalizing the accumulated wisdom, knowledge and skills of old people is important to pace up the speed of socio-economic development and to facilitate platforms in which these assets can be transferred to younger generation.

#### Acknowledgements

The authors express their sincere thanks to Jimma University which funded this research project. They also honor all elders who participated in this study and shared their life experiences; without them this study could not be materialized. Moreover, they want to thank the study informants in labor and social affairs offices of different layers in Jimma zone who took part in this research. Finally, they are also indebted to data collectors who sacrificed their precious time and energy on the field.

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