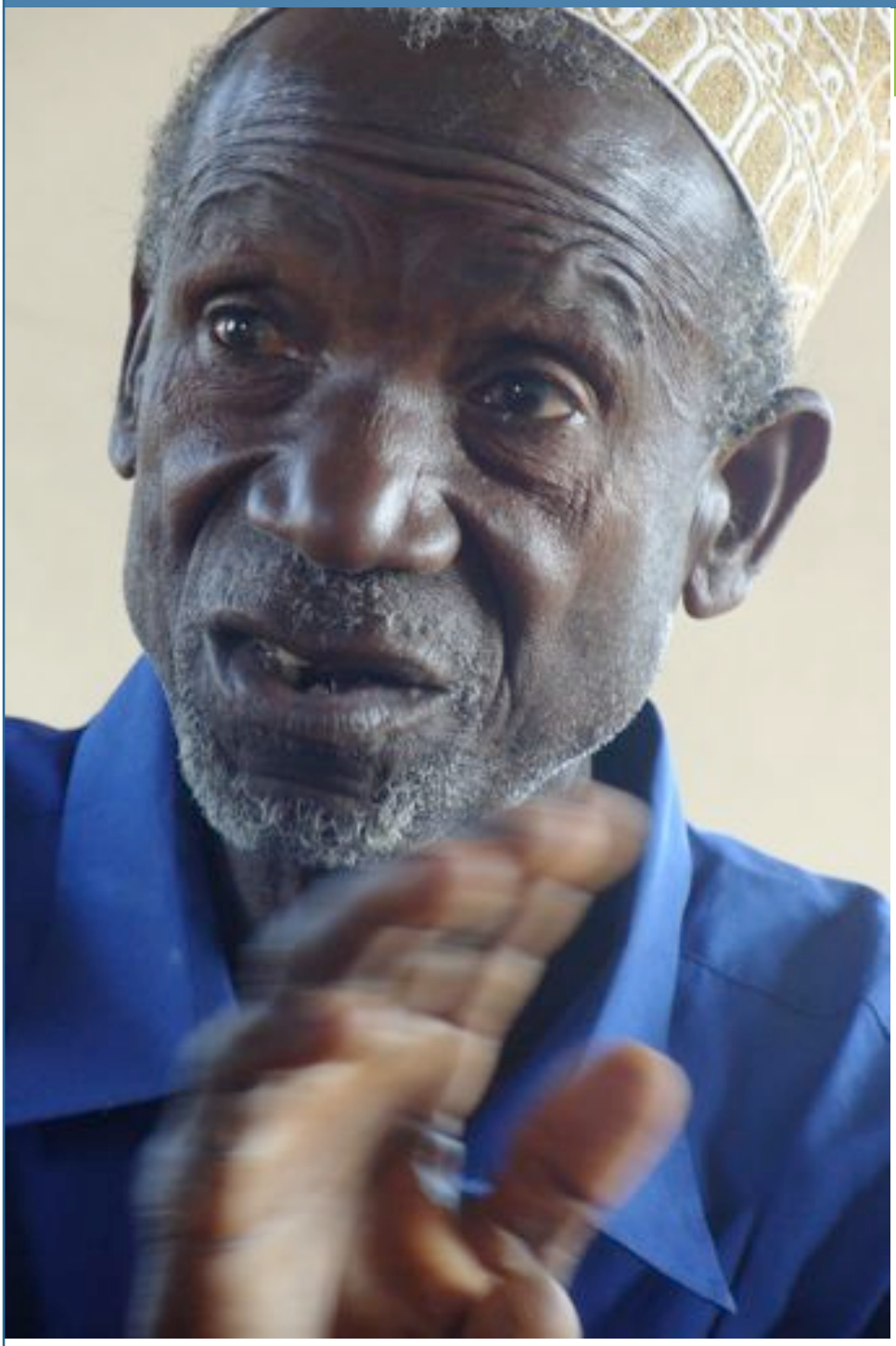
March 2013 Issue No 2

PROGRAMME Brief

FROM CURE TO CARE



PROJECT

Project Leader:
Dr. Piet van Eeuwijk

Advisory Board:
Prof. Dr. Brigit Obrist
Prof. Dr. Till Förster
Prof. Dr. Marcel Tanner
Dr. Joyce Nyoni
Dr. Honorati Masanja
Sigbert Mrema

Researchers:
Jana Gerold
Vendelin Tarmo Simon

Research Assistants:
Rose Kalage, Neema Duma, Lea Mtui, Tumu Nindi, Eveline Mwera, Flavian Makaranga

Research Sites:
Dar es Salaam
(Ward Mbagala)
Rufiji District
(Ikwiriri Town, Bumba Village)

Funding: Swiss National Science Foundation

Duration: 2008 – 2011

Contact:
peter.vaneeuwijk@unibas.ch

More Information:
www.socialresilience.ch

UNI BASEL

UNIVERSITY OF DAR ES SALAAM
ADVANCING KNOWLEDGE, CREATING FUTURES
1961 50th Anniversary 2011
KUMULIKA MAARIFA, KUJENGA MUSTAKABALI
CHUO KIKUU CHA DAR ES SALAAM

Swiss TPH
Swiss Tropical and Public Health Institute
Schweizerisches Tropen- und Public Health-Institut
Institut Tropical et de Santé Publique Suisse

FNSNF
Swiss National Science Foundation

BACKGROUND AND RESEARCH AIM

The ageing of societies is a major global achievement. Demographic estimates show that until 2050, the absolute number of older people over 60 years will at least double in Sub-Saharan Africa and rise by more than 40% in Tanzania. Societal ageing always demands careful and strategic planning based on convincing research evidence to better serve its senior citizens. Especially health systems will be required to not only enhance their minimal curative services for older citizens but also to offer care provision.

To provide convincing evidence for planning and interventions, this research project aimed at understanding how growing old is experienced in an urban context (Dar es Salaam) and a rural setting (Rufiji District). Furthermore, as older people often increasingly face the high risk of infectious as well as chronic diseases, the interest was to understand the various health crises and arising care needs. Therefore, we identified different actors, their roles and responsibility in providing care for the older people in both the urban and rural context.

METHODOLOGY AND STUDY DESIGN

In this study, a total of 150 households with older people were randomly selected. The research project adopted 60 years as a lower limit of study inclusion based on the official definition of an old person by the Tanzanian government. The older people and other household members participated in semi-structured interviews as well as focus group discussions. To capture the dynamics of health conditions as well as corresponding care arrangements, a total of 75 older people were systematically re-interviewed within a time span of over 1,5 years. The general study focus was on in-depth evidence rather than representativeness.

MAIN FINDINGS MEANINGS OF OLD AGE

GROWING OLD AS SOCIAL EXPERIENCE

Old age is a social category experienced in relation to other generations, especially to youth. Many older people complain that they do not feel respected by today's youth: Young people do not use appropriate language in addressing them; they do not follow the instructions of the elder generation, and they do not extend helping hands to the aged. In the view of many older persons, their authoritative position is undermined. They are no longer considered as responsible for upbringing, educating and disciplining the younger generation.

Furthermore, obliging to norms of how older people should behave, dress, and avoid taboo topics shape the ageing experience. Fear of being ridiculed or even condemned influences not only how the older people participate in public life, but also how they hide or display their love life. These experiences, however, are gendered: Older women tend to hide liaisons from the younger generation while older men are proud to show them.

No sharp boundaries but rather fluidity characterizes the process of getting old. Still, definite 'markers' of old age are sometimes referred to: the numerical age of 60 years as the beginning of retirement and therefore of old age. This is more pronounced among urban and working older men particularly for those receiving pension benefits. Conversely, women hinted to menopause as an earlier sign of old age. Women seemed to be more bound to reproductive signs of getting old than men. Having grandchildren are clear signs for the transition from adulthood to old age for both men and women.

MAIN FINDINGS MEANINGS OF OLD AGE

GROWING OLD AS BODILY EXPERIENCE

In general, however, old age was not described as 'a definite stage' but rather as a processual experience with declining competence as notion of loss. Observable physical signs as well as felt symptoms of a 'loss of strength' *(sina nguvu)* shape the ageing experience. The narratives encompass perceived changes of the body (wrinkles, grey hair, stiffness, pains) and of bodily functions (menopause, tiredness) as well as of the senses (seeing, hearing). Besides the physical signs, loss of strength was a felt phenomenon, concretized as discomfort, stiffness, aching, tiredness, and a general disorder.

In spite of bemoaning the loss of strength, the older people praised the benefits and blessings of old age. They are proud of taking up responsibilities, engagements, and duties, economically as well as socially, albeit in a different way than in the past.

The loss of strength is expressed in two notions: *leo sina nguvu* (no strength today or at the moment with the prospect of regaining energy) with the elderly re-arranging their daily activities on an ad hoc basis, and *sina nguvu* (no strength) referring to persistent decline. Both notions of loss involve others in not only taking over certain activities or assisting/helping *(kusaidia),* but furthermore in caring and providing support for *(kutunza)* the sufferer.

MAIN FINDINGS OLD PEOPLE IN NEED OF CARE

THE THERAPEUTIC ITINERARIES

Old people consult various health service providers mainly for the possibility of cure. However, they often complain about inadequate and insufficient public health services. Their encounters with the health service providers are diverse – ranging from anger over frustration to contentment. The therapeutic itineraries of older persons are far reaching including travels back and forth between home villages and cities. In their quests to ease suffering, the older attend to different health providers: knowledgeable lay people, 'traditional doctors' and public health services, including referrals and specialized hospitals. Three factors drive therapeutic itineraries: resources at hand; the evaluation of previous experiences; and the advice and diagnosis of lay people.

CARE ARRANGEMENTS

In order to make daily life more bearable and to ease suffering, care attains a high value. Mostly family members – and only in very few instances also tenants or neighbours – become important members in the care arrangement of older people. Interestingly, it is not necessarily the people living together that matter in providing care. Living arrangements tend to change in situations where older people experience 'loss of strength' or a sudden health crisis. Such situations entail the mobility of the care giver or the care receiver. Three basic patterns of care arrangements are prominent, two embracing mobility of either the care receiver or the caregiver: Firstly, care giver and care receiver living together; secondly, caregiver coming to the house of the care receiver; and lastly, care receiver moving to the house of the care giver. Generally, these three patterns were neither exclusive nor static arrangements, but varied or were sometimes combined, with two arrangements involving mobility of either the care receiver or caregiver.

The main relationship pattern between caregiver and care receiver was intra-generational with spouses and siblings giving or receiving care. The other prominent pattern was inter-generational care relationships spanning across three generations, with children receiving or giving care, with older parents receiving or giving care, and the very aged grandparents just receiving care.

Especially older single women rely on siblings and more often on children and grandchildren in situations of need. Older men, however, more obviously rely on younger spouses (particularly after remarriage), appearing to find it more difficult to be dependent on children and grandchildren. This suggests a higher social acceptability for older women to be dependent upon family members, which is also mirrored in the living arrangement of older women – as they often live together either with their siblings, children or grandchildren.

RECOMMENDATION AND WAY FORWARD

Tanzania was one of the first countries in Africa to formulate a 'National Policy on Ageing' in 2003, by highlighting the older citizens as the new driving force for national development. As the Ageing policy charges families as the primary care provider for the elder generation, the government not only withdraws from any responsibility but at the same time promotes societal solidarity among its generations. The research findings show, that generally families are willing to provide care for the elder generation. Yet, especially those elder people who are left with only peers looking after them are oftentimes over burdened with their tasks and the care demands.

Geriatric service provision needs to be improved and up-scaled in order to better reach out to the older people, especially to those whose therapeutic itineraries are small and limited, as they easily become vulnerable by having little or no response options to their needy health situation.

PUBLICATIONS

2010 Van Eeuwijk, Peter. Resilience in Tanzania. *Ageing and Development* 27, p. 5.

2011 Gerold, Jana. Kommunizieren ohne Worte. Wie ältere Menschen in Tansania Mobiltelefone benutzen. *Afrika-Bulletin* 142, p. 6-7.

2011 Van Eeuwijk, Peter. Altern in Unsicherheit. Gesundheit und Pflege von alten Menschen in Indonesien und Tansania. In: Kollewe, Carolin und Elmar Schenkel (Eds.). *Alter: unbekannt. Über die Vielfalt des Älterwerdens. Internationale Perspektiven*. Bielefeld: Transcript Verlag, p. 83-111.

2012 Gerold, Jana. Using a Camera in Ethnographic Fieldwork. *Tsantsa* 17, p. 116-128.

2012 Obrist, Brigit. Wie Gesundheit und Resilience zusammenhängen. Rückgriff auf eigene Ressourcen. *Uni Nova* 119, p. 10-13.

2013 Gerold, Jana. On the Move – Elderly People Living the City of Dar es Salaam, Tanzania. In: Obrist, Brigit, Veit Arlt and Elisio Macamo (Eds.). *Living the City in Africa. Processes of Invention and Intervention*. Hamburg: LIT Verlag

2013 Gerold, Jana. Full of Life. Old Age and Care in Urban Dar es Salaam, Tanzania. PhD Thesis, University of Basel.

2013 Simon, Vendelin T. Ageing, Health and Care in Rural Tanzania. PhD Thesis, University of Basel.