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## Challenges faced by the aged in old people's homes in Zambia

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### Abstract

This paper is an extract from a PhD study on caring for the aged in old people's homes in Zambia and implications for Adult Education programmes. It discusses the challenges faced by the aged residing in old people's homes in Zambia. Among the major challenges the aged faced included inadequate shelter, boredom due to lack of creative activities, lack of medical facilities for the aged in the homes, poor sanitation, lack of electricity and lack of food variety. The paper concluded that although old people's homes in Zambia were offering important services to the needy aged residents and demonstrated some capacity to deliver them, the aged faced a number of challenges, the major ones of which have been highlighted above. These challenges need to be mitigated by the government and other stakeholders so that the aged in these homes could receive adequate care and have their general welfare improved.

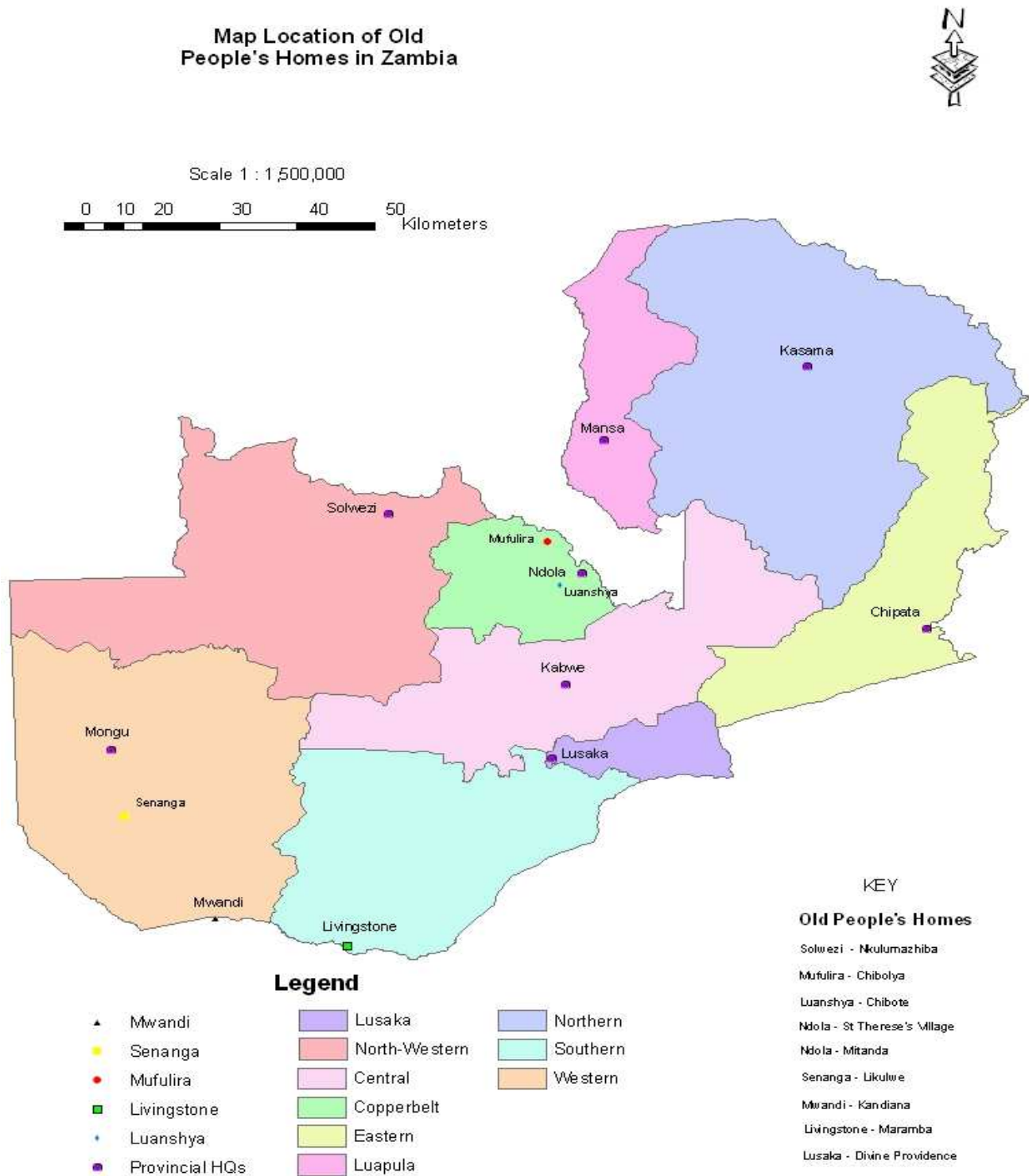
**Keywords:** Old people's homes, institutional care, the aged and challenges.

### 1. Introduction

Old people's homes are a form of institutional care for the aged. Currently, there are 9 old people's homes in Zambia namely, Maramba in Livingstone, Chibote in Luanshya, Chibolya in Mufulira, Divine Providence Home in Lusaka, Mitanda and St. Therese's Village in Ndola, Likulwe in Senanga, Kandiana in Sesheke, and Nkulumazhiba in Solwezi. According to Kamwengo (2001) <sup>[5]</sup>, the establishment of old people's homes was one of the government programmes aimed at addressing the rising needs of elderly people. The first home was established after the end of the Second World War. In 1948 the British colonial government in the then Northern Rhodesia established the first home for the aged in the country, which was Mitanda home for the aged in Ndola. However, the home admitted only non-Africans. The colonial government felt that Africans should be looked after by their families. Elderly Africans who could not work on account of age or disability were repatriated to their villages or homes of origin in the rural areas. However, in 1962 a decision was made to extend the homes to Africans who were destitute. Other homes were set up at Maramba in Livingstone in March 1963 and Chibolya in Mufulira in September 1963. After independence in 1964 privately run homes for the aged were set up in Lusaka, Sesheke and Mongu.

There are two main categories of old people's homes in Zambia. The first category comprises homes which are run by the government through the department of Social Welfare under the Ministry of Community Development, Mother and Child Health and are budgeted for directly by the Ministry of Finance. Only 2 old people's homes are state owned and these are Maramba and Chibolya. The second category comprises 7 private homes which are owned and run by faith-based organisations but receive financial support from the government through grants. Below is the map of Zambia showing the location of old people's homes by provinces and districts:

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The official government policy in Zambia is that old people's homes should be a measure of last resort. Kamwengo (2001) [5] explains that although institutional care of the aged was discouraged in Zambia, the government decided to retain the homes for the aged. This was because it realised that there would always be some people in institutions of care because of factors such as childlessness and cultural taboos associated with ageing; there would be some people who are not able to trace their families or remember their villages mainly because of urbanisation or illness and there would always be some people without families to look after them. Studies on the aged in Zambia have mainly focused on the welfare of the aged living in the community and programmes

that are there for them. Consequently, there is a dearth of literature on the aged living in institutional homes, referred to as old people's homes or homes for the aged and the challenges they face, hence the relevance and significance of this study. Respondents in the study comprised 165 of the elderly persons residing in the 9 old people's homes in Zambia who were aged 60 years and above.

## 2. Challenges faced by the aged

The aged in old people's homes in Zambia faced a number of challenges. The table below shows the major challenges they faced in their order of significance:

**Table 1:** Challenges faced by the aged in old people's homes

Challenges	Frequency n = 165	Percent
Inadequate shelter	55	33.3
Boredom due to lack of creative activities and education	38	23.0
Lack of medical facilities for the aged in old people's homes	36	21.8
Poor sanitation	23	13.9
Lack of electricity	21	12.7
Lack of food variety	18	10.9

Fifty-five (33.3%) of the respondents identified inadequate accommodation as the major challenge they faced in old people's homes. This was followed by 38 (23.0%) who cited boredom due to lack of creative activities and 36 (21.8%) who indicated lack of medical facilities for the aged in the homes as challenges they faced. Twenty-three (13.9%) of the respondents mentioned poor sanitation, while 21 (12.7%) cited lack of electricity in old people's homes to be challenges. Eighteen (10.9%) mentioned lack of food variety as a challenge they faced. The major challenges faced by the aged in old people's homes in Zambia are discussed below:

### 2.1 Shelter

The first major challenge faced by the aged in old people's homes in Zambia was inadequate shelter. Most of the respondents stated that they shared rooms meant for one person because the available accommodation was not enough for the number of residents. This finding is in line with Kamwengo (1997) <sup>[4]</sup> who observes that at Maramba old people's home there were at least two residents per room for males, while females were crowded in two dormitories. The Report of the Committee on Health, Community Development and Social Welfare (2011) <sup>[15]</sup> also states that the conditions in old people's homes in Zambia were deplorable, underfinanced and in most instances overcrowded. Similarly, a study by Kavita, Bipin and Geeta (2012) <sup>[7]</sup> established that overcrowding was one of the main challenges faced by the aged in most old people's homes in India.

In his study on nursing homes in Slovenia, Habjanic (2009) <sup>[3]</sup> points out that old people's homes in Slovenia were below the required standards and that apartments and rooms were small and overcrowded. He states that the homes offered no privacy for the residents and had no ergonomically adjusted bathrooms. He also states and the homes lacked suitable furniture and the little furniture that was there was poorly arranged and not ideal for the elderly residents.

### 2.2 Creative activities and education

The second major challenge faced by the aged in old people's homes in Zambia was boredom arising from lack of creative activities such as crafts, art, exercises, games as well as education to keep them intellectually stimulated and engaged. The respondents indicated that they lacked activities to engage in and were, consequently, bored most of the time. The inability to provide creative activities and education to the aged in old people's homes could be attributed to the fact that some people, including caregivers, think that the aged would not be interested in participating in such activities because they may lack the energy, interest and motivation to do so. However, Kaplan (1953) <sup>[6]</sup> points out that creative work and activities are essential to the well-being of older adults,

whether it is by means of arts and crafts or by contributing in the community service sphere. He explains that homes for senior citizens should provide opportunities and guidance designed to promote this creativity. Kaplan (1953) <sup>[6]</sup> further explains that if the resident is an active participant in planning and carrying out the programme of the home, he/she feels wanted; his/her unity with group life becomes greater than his/her conflict with the group; he/she develops a sense of personal worth and finds it easier to live in harmony with the rest of the home residents.

In her study of Divine Providence Home for older people in Lusaka, Zambia, Sichingabula (2000) <sup>[14]</sup> concluded that lack of activity in terms of recreation made some residents feel bored. She, however, pointed out that majority of the residents felt grateful to have been given a chance to live in the home. Habjanic (2009:127) <sup>[3]</sup> states: "Residents should be introduced to meaningful activities more frequently." Learning for Older People in Care Settings (2014) <sup>[8]</sup> also asserts that for older people, taking part in creative activities can improve their memory and dexterity, increase their appetite, give them greater levels of confidence, help them socialise, or just make them smile and enjoy life more.

### 2.3 Health facilities for the aged in old people's homes

The third major challenge faced by the aged in old people's homes in Zambia was lack of health facilities for the aged in most old people's homes. Health is vital to maintaining well-being and quality of life in older age and is essential if older citizens are to continue making active contributions to society. The vast majority of older people enjoy sound health, lead very active and fulfilling lives, and can maintain emotional and social reserves often unavailable to younger people (World Health Organisation, 1991) <sup>[16]</sup>. However, ageing invariably means some physical deterioration and an increasing need for basic, palliative medical assistance but such services are not always available. Consequently, many of the aged suffer unnecessarily (Life Through the Eyes of the Elderly in Zambia, 2003) <sup>[9]</sup>.

The study established that out of the 9 old people's homes in Zambia, only 2, namely, Mitanda and St. Therese's Village had health facilities and medical personnel specifically for the aged and located within their premises. The rest of the homes had to take residents who fell ill to clinics in the surrounding communities, some of which were quite some distance away. In some cases, the aged had to endure long queues and slow service, which was not good for their health status. This finding is consistent with Ndonyo (2011) <sup>[11]</sup> who indicates that residents in old people's homes in Zambia had no provision for medical support staff such as physicians, nurses, nutritionists or dieticians and medical social workers attached to them. The ideal situation, therefore, would be where the aged have easy and quick access to medical services within or near old people's homes because some of them may have health conditions due to advanced age.

Nyanguru (1991) <sup>[12]</sup> also established that in most old people's homes in Zimbabwe, health facilities were nonexistent and inaccessible. He explains that this situation disadvantaged the elderly residents who really needed the facilities. Nyanguru (1991) <sup>[12]</sup> gives an example of a case where an elderly man at one of the homes was very ill and dying but could not be taken to a hospital or clinic, which was located some 50 kilometres away because the only rural bus had broken down two days earlier. He also indicates that very few old people's homes in Zimbabwe had resident trained medical personnel to attend to the immediate health needs of the aged.

## 2.4 Sanitation

The fourth major challenge faced by the aged in old people's homes in Zambia was poor sanitation. It was established that most old people's homes in Zambia did not have age-friendly toilet and bathing facilities and these facilities were communal. For example, a caregiver at Chibote old people's home pointed out that the home faced the challenge of failure to provide proper sanitary facilities in a long time. He pointed that there was need for authorities to build modern toilets and bathrooms at the institution. The researcher also observed that the aged in 3 of the 9 old people's homes used pit latrines as toilets with no permanently built bathing facilities. Some homes had flushable toilets, but which were located outside the hostels or rooms. In a number of cases, toilets and bathing facilities were located quite some distance away from the rooms, making it difficult for the aged to access them, especially those with physical and mobility challenges.

Bland (2005) <sup>[1]</sup> also states that elderly residents in her study criticised the inadequacy of toilet provision in care homes in England on grounds of numbers, size and privacy afforded in cubicles. She explains that one home had toilets with sliding doors that had no locks and that narrow toilets made it difficult or impossible for people using walking frames or wheelchairs to use the toilet independently and in private. She further points out that not only were the numbers of toilets provided for residents' use insufficient, they were also poorly located, particularly in relation to dining rooms and lounges. Therefore, one of the areas that need attention in terms of infrastructure improvement in old people's homes in Zambia is sanitation facilities. Mapoma (2013) <sup>[10]</sup> attests to this need when he points out that good sanitary facilities as well as good and reliable sources of water are good makers of health to elderly persons. It is an undeniable fact that as people advance in age, they need to have access to age-friendly facilities, including sanitary facilities and this includes the aged in institutional homes.

## 2.5 Provision of electricity

The fifth major challenge identified by the aged in old people's homes in Zambia was lack of electricity in some homes. It was established that 3 of the 9 old people's homes had no electricity connectivity. The respondents indicated that this was a big challenge because it entailed that they were unable to use gadgets which required electric power to function. They pointed out for example, that they were unable to watch television as a result of lack of electricity, despite some well-wishers offering to donate television sets. Similarly, those who possessed radio sets could only use batteries which they said did not last and were a cost to them, especially that they had no source of income or financial support. This entailed that they were deprived of some forms of entertainment which residents of old people's homes with electricity connectivity had access to.

## 2.6 Food variety

The sixth major challenge the aged faced in old people's homes in Zambia was lack of food variety. For older people, as for the general population, the maintenance of good health depends on safe, affordable and appropriate foods. Eating a balanced diet high in fresh fruit and vegetables and low in fat gives some protection against heart disease, stroke, some cancers, obesity and arthritis (Recommendations for a National Food and Nutrition Policy for Older People, 2000) <sup>[13]</sup>. Lack of food variety and choice is also a measure of food adequacy as eating the same kinds of food over and over may

entail monotony. The challenge of lack of food variety in old people's homes in Zambia is confirmed by Kamwengo (1997:59) <sup>[4]</sup> who asserts: "The amount and variety of food and number of meals available in the government run homes for the aged are limited. As a result, it is not uncommon to find residents remarking that portions of food are not enough." He explains that the problem of food is due to inadequate funding. Kamwengo adds that there were no snacks provided during the day in government run homes. However, this study established that contrary to Kamwengo's assertion that the problem of lack of food variety was peculiar to government run homes, it also existed in most privately run old people's homes.

Five Steps to Entry into Residential Aged Care (2005) reports that care homes in Australia are expected to offer residents a varied, healthy and well-balanced diet that takes into account individual preferences and medical needs. It states that care homes should also take into account the residents' dietary customs according to religious or cultural beliefs. This implies that the residents have a choice on which food to consume and have a say on how their meals should be prepared, which was not the case in most old people's homes in Zambia.

## 2.7. Summary

Although the aged in old people's homes in Zambia were provided with services and care which they would otherwise not access in their communities, they also faced a number of challenges. The major challenges faced by the aged included inadequate shelter, boredom due to lack of creative activities, lack of medical facilities for the aged in the homes, poor sanitation, lack of electricity in some homes and lack of food variety. This entails that much as the aged appreciated the services provided to them, they also acknowledged that they faced some challenges, which if attended to, could enhance their wellbeing.

## 3. Conclusion

The phenomenon of old people's homes in Zambia which has been in existence since 1948 is here to stay. The paper concludes that although old people's homes were offering important services to the needy elderly and demonstrated some capacity to deliver them, the care provided was generally inadequate because certain services and provisions which were central to their wellbeing such as shelter, health facilities within the homes, creative activities and educational programmes, good sanitation, electricity and counselling, among others, were lacking or inadequate. Therefore, in order to mitigate the challenges faced by the aged in old people's homes in Zambia, the government and other sponsoring agencies should increase funding to old people's homes to enable them provide adequate services and care. All old people's homes in Zambia would do well to provide the aged with the necessities of life and programmes in order to improve their wellbeing and general welfare. Additionally, caregivers should provide creative activities and educational programmes in order to keep the aged active, engaged and intellectually stimulated.

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