

Old People's Homes: A Borrowed Culture; A Dilemma For The Black Zimbabwean. A case study of Mucheke Old People's Home.

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ABSTRACT: *The purpose of the study was to establish why the culture of sending the elderly to Old People's Homes has become very common to Zimbabweans when in the past the homes were meant for foreign destitutes. Seventeen inmates and two administrators from Mucheke Old People's Home were interviewed. Data was collected using in-depth interviews. The study has established that relatives and children are finding it difficult to look after their elderly in their own homes and have resorted to taking up a culture that is alien to them. The factors that were found to specifically promote the sending of the elderly to old people's homes are: the economic situation in the country, lack of concern by children and relatives who are not prepared to take on an extra 'burden', urbanization and westernization resulting in the young shunning the elderly in the rural areas which does not auger well with the African practices, and the HIV/AIDS pandemic which is claiming young people, leaving the elderly with no one to look after them. In general the study showed that the culture of sending the elderly to old people's homes is alien to Zimbabweans since most of those interviewed showed concern that they need to be in their homes, passing on the required norms and values to new generations. The results of the study suggest that there is need to re-educate the Zimbabweans on the need to take care of the elderly in their own homes rather than sending them to old people's homes. If possible the Government needs also to look closely at the welfare of the elderly to ease the burdens that befall children and relatives of the elderly. The Government could provide the elderly with a package at old age that would cater for their basic needs.*

I. INTRODUCTION

Aging is a broad concept that includes physical changes in our bodies over adult life, psychological changes in our minds and mental capacities, and sociological changes in how we are viewed, what we can expect, and what is expected of us (Atchley, 1985). Aging can also be defined in terms of chronological age, functional age and life stages.

The World Health Organization says this about the elderly, "Most developed world countries have accepted chronological age of 65 years as a definition of 'elderly' or older person but like many westernized countries, this does not adapt well for Africa. While this definition is somewhat arbitrary, it is many times associated with the age at which a person can begin to receive pension benefits. At the moment there is no United Nations standard numerical criterion, but the UN agreed cutoff is 65+ years to refer to the older population" (www.who.int/./index.html, accessed 18.08.2010).

Functional age is difficult to assess because it varies from one environment to another. For example a tennis or soccer player may become functionally old at 30 or 35 years while a judge can be functionally capable at 90. However, it can be defined in terms of physical appearance, mobility, strength, coordination and mental capacity. In terms of life stages, we use physical and social attributes to categorize people, for example, adolescence, adulthood middle age, later maturity and old age, that is, the late 70's Atchley (1985). For the purpose of this study, chronological age will be used to define the elderly, that is, those who are 65 years and above.

The elderly as defined above are the ones that are sent to old people's homes. Although in Zimbabwe, homes for the elderly are referred to as old people's homes; in some instances they are given different names. For example, there is Pioneer Cottage in Masvingo urban, where mainly whites are housed. In other countries like the USA and the UK, homes for the elderly are referred to as Residential homes, Adult foster/family homes, personal care homes or group homes. (<http://residential-care-homes.aplacformom.com/> accessed 18.05.2010). These homes are classified into two categories, independent households and group housing. For

independent households, residents can be fully independent or semi-independent. For the fully independent, the household is self-contained and self sufficient and residents do 90% or more of household chores. The semi-independent household is self-contained but not self sufficient, that is, residents may require some assistance with household chores. The second category is the group housing which comprises congregate housing, personal care and nursing homes. In congregate housing, the household may still be self contained but not entirely self sufficient. This is some form of retirement community. In the personal care home, the resident unit is neither self-contained nor self-sufficient. Residents need total assistance; it is a home for the aged. The nursing home is where residents need total care, including health, personal and household functions, a skilled nursing facility.

In the USA, they have another alternative for the elderly, instead of putting them in an institution, the relatives send their elderly to Day-Care centres during the day while they go to work and in the evening they are together with them at home, (<http://www.chicgoreader.com/chicago/grey-care/center>, accessed 18.05.2010).

In South Africa, some elderly blacks are put in old people's home but in the majority of cases, they are kept in the family home and they receive an 'Elderly grant' from the Government. Roebuck (1979) says, "This grant used to be a monthly payment from the Government now called an old age grant, for people who are 60 or older", (<http://www.who.int/healthinfo/survey/agingdefnolder/> accessed 18.08.010). The grant is given to the elderly who are not living in a state institution like a state Old People's Home, and one has to undergo a test called a 'means test' in order to qualify for it. If one cannot look after him/herself, and need fulltime care from someone else, they can also apply for a grant in aid in addition to the old age grant. This situation makes it easier for children and relatives to care for their elderly at home since there is no economic burden involved.

In Zambia, the situation is almost similar to that in South Africa where children and relatives consider the elderly as part of their households and Kambisa (2010) had this to say after a comparative study he made, "In the Netherlands our elderly are considered a nuisance and are being put away in 'homes' in which they lack the potential to do the things they are still capable of and in which they tend to starve from loneliness, lack of food, diapers or simply water". He goes on to say that in Zambia "the elderly are part of their children's households; they take care of their grandchildren and great grandchildren and those of neighbors. ...the elderly have a role to play which keeps them sound and healthy", (www.kambisa.com/index.php accessed 18.08.2010). However a report by Irin News said, "Zambia's elderly populations are faced with a double jeopardy: they are shunned by communities as witchcraft practitioners or with little or no understanding of the disease, are burdened with caring for HIV/AIDS orphans" (www.irinnews.org/Report.aspx accessed 18.08.2010). This brings in the dimension that some people may not want to take care of their elderly if they suspect that they practice witchcraft.

In Zimbabwe, old people's homes are a new phenomenon as there is no equivalent for them in the local culture (Katanga, 2010:D3). There are no classifications for the institutions for blacks but for whites. In the same institution that houses elderly blacks, the home caters for all categories, those who need partial or total assistance and the sick. Day-Care centres do not exist. Old People's Homes for the blacks include Muccheke in Masvingo, Bumhudza in Mature, Nazareth Shelter in Chinhoyi, Sunningdale in Harare, Batanai in Gweru, among others.

Homes for the aged in Zimbabwe appeared to cater for whites and alien blacks. For whites, they were more of retirement homes where residents would have saved for their retirement or relatives paid for their upkeep. According to Atchley (1985) and Silin (www.ec.online.net accessed 20.05.2010), studies from the USA and the UK show that this is an acceptable practice in their culture where the elderly are put in homes where they get total or partial assistance with household chores. For the blacks in Zimbabwe the homes catered for the old and destitute, mainly from neighboring countries, those who had neither a family nor an income for their various physical needs (www.telecel.co.zw/default.cfm?pid=73 accessed 19.05.2010). These came from Mozambique, Malawi and Zambia to work in the mines and farms and at old age became destitute.

Nowadays black Zimbabwean nationals are also found in old people's homes. This was not culturally practiced hence the proverb "*chirere chigokurerawo*", (meaning one has to look after one's parents at old age because parents would have taken care of him/her from childhood). This practice is now breaking the social thread that binds children with their parents and relatives. This has a bearing on the Zimbabwean culture since it alienates blacks from their cultural norms and values, hence the concept of a borrowed culture. In the Zimbabwean culture, the elderly live in the family home and are taken care of by their children and relatives.

The elderly are referred to as “*Mumvuri*”, (a shade, meaning a custodian of our culture). Their presence in the home means safety for the family. For this reason it is taboo to send one's parents away from home.

Purpose of the study

The purpose of the study was to examine how the practice of sending the elderly to old people's homes impacts on the black Zimbabwean culture.

The objectives of the study were to

- establish the reasons why the elderly are sent to old people's homes,
- find out the effects of institutionalization on the role of the elderly in the Zimbabwean culture' and
- establish inmates' perceptions of children and relatives who send their elderly to old people's homes.

II. METHODOLOGY

A case study of Mucheke old people's home was carried out because it is the only old people's home that caters for black Zimbabweans in Masvingo province. Tuckman (1995:364) postulates that “a case study has a natural setting which is the data source and the researcher is the key data collection instrument”. Best and Khan (1990) consider a case study as a way of organizing social data with the purpose of viewing social reality. A case study can also be defined as “a research strategy, an empirical inquiry that investigates a phenomenon within its real-life context”, (<http://www.thefreedictionary.com/case+study> accessed 18.08.2010), or “a detailed analysis of a person or group especially as a model of medical, psychiatric, psychological, or social phenomena” <http://www.thefreedictionary.com/case> + study.

The researchers thus chose Mucheke Old People's Home because they wanted to study the elderly in their 'natural' setting in the context of the old people's home. The centre was going to provide an ideal setting where inmates would be observed going about their normal daily routines.

The population at Mucheke Old People's home comprises 17 inmates, two administrators, two cooks and two general hands. Eleven inmates, one administrator, one cook and one general hand were interviewed. The method used for sampling was accidental; those interviewed were those present on the day of the visit. The researchers also observed inmates carrying out their daily routine activities, that is, household chores, socialization and leisure activities, the researchers looked at the facilities at the institution, that is, the kitchen, dining hall and bedrooms.

III. PRESENTATION AND ANALYSIS OF RESULTS

In this section, data is presented under the following headings: demographic data, reasons for staying at the home and life at the home.

Demographic data

Of the 11 inmates interviewed, 9 were female and 2 male. A greater percentage of inmates in the home are female. One of the reasons could be cultural. In the Zimbabwean culture, when a husband dies, the wife may be asked to leave. In the case of the wife passing on, the widower is free to live at his home. Men can also marry in later life and can be looked after by their young spouses. Another reason could be loss of income. Atchley (1985) says widows are more likely to encounter income problems in later life than married women. This could be due to the fact that most women sometimes are not employed and will have no pension in later life. Women also live longer than men so there are more widows than widowers.

The inmates ranged in age from 61 to 90 years. Nine fall in the age group of 80 years plus and 2 in the 60 to 65 group. There are no inmates in the 66 to 79 age group. It is noted from the data that some of the inmates at the home have not yet reached 65 years, what Atchley (1985) refers to as the dominant legal age of retirement which defines when a person becomes old.

Of the 11 inmates interviewed, 5 joined the home before attaining age 65. So, according to Atchley (1985), these were not yet old because he says old age is characterized by extreme physical frailty, chronologically, the onset of old age typically occurs in the late seventies.

The length of stay at the home ranged from one to 30 years. Five had been there for between 1 and 5 years, 2 between 10 and 15 years, 2 between 20 and 29 years and one has been there since the inception of the centre 30 years ago.

The study established that 4 of the respondents were married, two having got married at the centre. Five were widowed and 2 were divorcees. Six of the inmates were Zimbabwean nationals, 3 South Africans, one Malawian and one Zambian. It seems Zimbabweans now dominate unlike in the past when the opposite was true.

Three of the inmates never had children, three had children who were deceased and four had living children. Of those whose children were still alive, one female had children in South Africa but had lost touch with them since they were from her first marriage. She never had any children from her second marriage with a Zimbabwean. One male had children in Zambia but had also lost touch with them after he refused to go back to Zambia some years back. One widow had four living children who did not care for her. The last one among those with children had a son working in Mashava, who did not care for her.

The inmates came to the home through different means. Three of them came through the Social Welfare, three were brought in by the Police and three came through the social Welfare on their own initiative.

Reasons for staying at the home.

All the inmates came to the home under different circumstances. One South African widow approached the Social Welfare department after her husband died. She had been chased from her matrimonial home by the in-laws because she had no children, “*dzokera kumusha kwako nokuti hauna mwana pano*” (go back to your parents since you are childless).

One married couple, a Malawian husband aged 90 and his Zimbabwean wife aged about 85, had been at the home for 4 years. The husband used to work in Triangle and on retirement, they had been accommodated by the wife's parents. After the death of the parents they were chased away by the relatives who claimed they would not know how to handle the foreigner if he died at their place because of their peculiar burial procedures, “*vanhu vechirudzi vanonetsa kuzoviga kana vafa*”. They thus became destitute and approached the department of Social Welfare who sent them to Mucheke Old People's Home.

The other inmate who was about 61 years old, a single parent who had one son came to the home through her own initiative. The son was reported to be working in Mashava but he could not look after his mother. The son was quite happy that his mother was at the home, he had no burden of looking after her since he had his family to take care of. He did not come to visit her. The mother was so bitter about the situation that she did not even want to talk about her son. “*Chiregai ndigare pano pamupedzanhama ndakarindira kunovigwa kwaJairos Jiri*”, (let me stay here where I am well looked after awaiting my burial at Jairos Jiri cemetery).

The 82 year old inmate who came to the home on her own initiative had stayed in the home for 20 years. She had been married but divorced because she was childless. She stayed at her parents' home after the divorce but claimed she was neglected and always lived in isolation. The sisters-in-law could not take care of her, “*hatigari nechitema machira pano*”, (we cannot feed someone who is of no help). Due to her pathetic situation, she decided to approach the Social Welfare office which then facilitated her coming to the home. Her relatives were well aware that she was at the home. Twice they came to take her home to attend burials. She felt it was better staying with strangers than her relatives. She was happy that at least she had people who cared for her, “*pano apa ndine rugare chaizvo, ndakawanirwa nyasha. Ndakamirira kunorindira navamwe kwa Jairos Jiri (cemetery)*”, ‘I am well looked after here and am waiting for death and burial at Jairos Jiri). She claimed at one time her relatives wanted to take her home but she refused because of the experiences she once had with them, “*Regerai ndigare pano pa Jerusarema idzva*’, (let me stay here at new Jerusalem implying that the home is a blessed place). By wanting to take her back home the relatives must have had a guilty conscience because it is not within our culture to eject someone from home, and worse still, having her in an old people's home which caters for destitutes. In the Shona culture, it is taboo to send someone away from home especially the elderly. Even in Zambia, Mweetwa (2010) has this to say, “Traditionally, African culture has regarded elderly people as a source of wisdom. Grandmothers and grandfathers were cherished by their tribes and families. But today, more and more elderly people, especially those with disabilities, are neglected, abandoned or abused by their families”.

The 85 year old inmate used to stay at a farm with her parents. She got married but the marriage failed. She was childless because all her children died. She went to stay with her brother who later died in hospital. She started moving from one squatter camp to another because her relatives could not take care of her. She was taken to the old people's home by the Police when they raided the camps. She has been in the home for 11

years. She did not want to talk about her relatives, apparently they were not in good books, and none of them visited her. She had since established new friends in the home.

One 96 year old widow had been in the home for 4 years. Her husband died during the war of liberation. She had four children, one is late. The children, three boys and one girl, were quite aware that she was at this home but they were not worried about her. She once stayed with the son at their rural home but claimed to have been ill-treated by the daughter-in-law who used abusive language, *Handinetswi namai vasiri vangu, hamubetseri imwi. Hamubiki, hamurimi, Ngomahuru inoda kudini? Hlanyasi?*, (you are not my mother, you don't even help with household chores, you are mad). Ngomahuru is a mental hospital. She was taken to the old people's home by the Police through the Headman's initiative. The situation at her son's home needed immediate attention, so the headman intervened and the best he could do was to have her taken to the home. The son could not say anything about her situation. Apparently he feared victimization from both sides, on the one hand, his love for his wife, and on the other he was afraid of "*kutanda botso*, (which gives the notion of bringing misery to oneself). So the son was in a dilemma. "*Waingonyarara, waigoti chii, kuda waitya mukadzi wake*", (he just kept quiet, what could he have said, maybe he was afraid of his wife).

The 75 year old South African inmate had lived in the home for 25 years. She had been married to a Zimbabwean who died during the war. They had one child who was now deceased. After the death of her husband, she was chased away, empty handed, from her matrimonial home, by the brother-in-law. She thus could not go back to South Africa so she became a destitute. She was advised to approach the Social Welfare office which sent her to the home.

One 65 year old female inmate had been at the home for two years. Both her children had died. She once stayed with her daughter and her son-in-law but when both died, the relatives of the son-in-law could not take care of her, "*vakafa nezvamazuva ano zvadai kupedza vanhu*", (they died of HIV/AIDS which is claiming many lives today). They sent her back to her home where she discovered that her home had been sold, and The Social Welfare officers facilitated her coming to the home. She had a brother who was happy to have her looked after at the old people's home so that he could fend for his family.

Another 90 year old female inmate had been at the home for 12 years. She was a South African national who had a Zimbabwean husband who used to work in South Africa but was now deceased. She had no children and was brought to the home by the brother-in-law's daughter so as to rid herself of the burden of caring for her. The daughter occasionally visited her and had recently brought her clothes. She would rather support the geriatric at the facility than keep her in her own home. She seemed to be in a dilemma in the sense that she could not completely ignore her and yet she could not take her into her home.

The above presentation shows that the elderly go to old people's home because of negligence by their children and relatives. One such elder quoted in the *Sunday Mail* (16-23 August 2010: D3) said, "They packed my bags in 2005 and forcibly left me at this old people's home. They rarely visit and ever since I came here five years ago they only came twice". They go through the Social Welfare department for accountability purposes because when they die, the government has to account for them. When some people get old, their children shun them because they are either very old, or unpresentable, or they have become a burden. However, traditionally people take it as their responsibility to look after parent and grandparents when they get old but some note that people end up at such homes because of poverty.

The presentation has also shown that one other underlying reason for neglecting parents was due to the influence of the western culture and the declining economic situation. "*Kana muroora achiti hatikwanisi kukuchengetai nokuti hatina zvokukupai zvinorevei? Pano mabedroom angu anokwana ini nevana vangu chete*", (if the daughter-in-law says we cannot keep you here what does that mean? My bedrooms here are adequate for me and my children only, implying they could not keep her in the home). This also reflects how urbanization has eroded the Zimbabwean culture where the elderly enjoyed a position of respect amongst their kinsmen.

Life at the Home

The inmates at the home and the administrators take the institution as their home, and consider themselves to be one family. The home provides for their physical, social and emotional needs. In terms of physical support, they get clothes, food and shelter. Those who fall sick are taken to Government or Municipal clinics or hospitals where they get free treatment. Those who die are given a pauper's burial by the government through the Department of Social welfare.

At the home, the inmates establish new families, relationships and friendships with each other. This means that they have a change in as far as their actual relationships are concerned. Everything is decided for them, that is, food, clothes, and to a certain extent, relationships, for they are encouraged to associate with inmates in the home rather than with outsiders. This is done to protect them from getting infectious diseases like TB and HIV for those who are sexually active. This type of life is a deviation from the norms and values of the Zimbabwean social life, where the elderly are the ones who instruct, teach, guide and preserve the culture. In these instances, the elderly are robbed of their identity and responsibilities. "When one lives in one's own home, what they put in their mouths, the condition of their home, everything is decided (to a great extent) by the individual. The individual makes the rules", (<http://www.ec-online.net/knowledge/article/>, accessed 20.05.2010). In the home, the inmates lose their independence, they become dependent and have restricted choices.

Some of the inmates who were under 70 were in the home not because they were too old to make decisions for themselves, but because of circumstances beyond their control. They were ejected from environments where they could have lived as they pleased. They have preferences and lifestyles that need to be respected. They had to let go of activities that they used to do at their homes, like going to places of worship, fishing, joining social clubs and hunting. Their friends stopped visiting them and they no longer have social networks. It was better if they would have been isolated in their own homes because they would still feel part and parcel of a larger society. In the home, although they are provided with everything they need, they still do not have a sense of belonging. Just because there are people around does not mean that there is intimacy and friendship. A family gives someone a sense of security and belonging.

The inmates expressed gratitude at being housed at the centre. They sounded happy and contented, but behind the façade they called happiness, severe bitterness could be detected from the statements they uttered. "*Vane rugare rwavo. Vana vakazvitorera rushambwa, mai havarambwi*", (they have their happiness, they brought misfortunes upon themselves, one does not disown mother). "*Kutukirwa chimutambaneura, kamusuva kesadza kasingagutsi*", (being scolded for small things like a morsel of food). In the Shona culture it is taboo to ill-treat or beat up one's parents, especially the mother. A sense of alienation could be detected from the tone of their voices; this culminates in the idea that the home is an artificial setting for them. They have become accustomed to the care-givers, they develop a type of intimacy that is not normal because they did not choose to be with them. On this, Atchley (1995) says many old people cannot find substitutes for the ties they should have with their children. Although they have made new friends at the home, these cannot replace their children and relatives. Having people around does not mean there is safety and security.

Loneliness is one great challenge that is manifested in the home. The old people hardly have any contacts with family members and the outside world. "*Pandakangobva kumusha hapana wakanditevera pano*", (ever since I left home, no one has ever visited me here). The caregiver confirmed that most are not visited, when some were brought to the home, the relative would say "*munongozotiudza kana vafa*", (you call us when they die), but hardly any come for the burials. Although the inmates have little contact with the outside world, they say they are happy and content in the home "*handina zvizhinji zvokufunga, vana, vazukuru kana munda*", (I have nothing much to worry about). For them it is a relief to have someone taking care of them, helping them with household chores. They feel safe and secure and fond of the caregivers. In the book "Alone in a Crowd", the writer reinforces that despite what one reads or hears in the media, some residents are content and happy in care facilities.

Unfortunately at Mucheke Old people's Home, happiness and contentment verbally expressed by inmates appeared to be artificial as indicated by the administrator who disclosed that she does not discuss with them their views and feelings about the home, "*tinotyva kuvadzimbira maronda*", (we are afraid to open old wounds). On the other hand, inmates were afraid of saying anything negative about their stay in the home for fear of being evicted or disappointing the caregivers. In support of this, Silin (1998) says on (www.ec-online.net accessed 18.05.2010),

"Residents can live with a fear of speaking up, being troublesome because of fear of retribution. They can also be hesitant because they do not want to bother someone or they can learn that their needs cannot be met".

The crucial factor for many residents in their adjustment is the relationship with their families. When they continue to feel involved and part of the family, when they do not feel abandoned, when they feel

important, then they can manage living in a care facility more easily, (www.Nursinghomesbook.com, accessed 20.05.010).

It was evident from the inmates' speeches that a change from living in public to living in private has psychological effects. The statement about their not worrying much about life, "*tamirira kufa zvedu tiri pano, ko tichararamirei?*" (we are waiting to die here, there is no need to live), that statement is pregnant with meaning. They have already resigned to death. There is no doubt that these old people are living a traumatic life. Being deprived of privacy, one is unable to hide, protect or manage one's identity including managing one's emotional and health problems that can be done in one's own home. The inmates stay two per bedroom. Whatever one does in the facility becomes public because he/she is constantly directed, monitored and observed by the caregivers. There is no freedom of association, movement and choice of religion since Church services are held at the home and are compulsory. There is no privacy in the home since rooms are shared among inmates. These elderly are people who used to have control over their homes, now it is difficult for them to be managed by the caregivers. They have resigned themselves to the situation and this has impacted on them psychologically as could be detected from the tone of their voices. There is a role change in their lives from independent to dependent adults. On this, Atchley (1995) says "dependent people are expected to defer to their benefactor and give up the right to lead their lives".

One female inmate indicated that there was a difference between the home and her actual home. At home she was independent, "*ndaitambira vaenzi, ndichivabikira zvekudya, pano handigoni kudaro nokuti handina imba yacho*" (At home I would welcome visitors and cook for them, which I cannot do here). The researchers noted that at lunchtime the inmates were not at ease to eat in their presence because they could not offer them anything. "*Zvino tinogokupai chii? Torai henyu ndiro yangu iyi mudye*", (What can we offer you, you can have my share). There was desperation in the voice. The Shona people are known for their hospitable nature, one cannot eat food without offering a visitor, and so she could not be hospitable since she owned nothing at the home.

Another aspect of living in the home is that one has to forget about his/her beliefs, values, norms and cling to the new values and norms associated with life at the home. All residents at the home seemed to value Christianity not because they wanted to but because they had to. This leaves most residents with an identity crisis as one cannot be looked at as an individual but as part of a group. Whether one was a Moslem, a traditionalist or Christian, they all had to become accustomed to the Christian religion practised at the facility. One resident who is a Moslem was seen going to his church but for daily morning prayers all had to attend at the centre. Becoming used to other people's religion can be hard especially at old age, but what can one do under these circumstances.

The elderly expressed concern over the socialization of the young generation. As custodians of the African culture, who was going to pass these values onto the next generation when they have been confined to the home, isolated from the progeny? "*Hameno kuti vachadzidziswa nani tsika zvavakatidzinga mumisha yavo. Chirungu chakauya nezvimwe*", (who is going to teach them the right values and norms since they ejected us from their homes?) This is a dilemma for the Zimbabwean elderly since she was unable to play her role as an elderly, to pass on those values to the next generation. As Kephant and Jedlicka (1988) said, "In some societies the elderly are looked upon as repositories of wisdom and/or wealth and were accorded high status". This borrowed culture has brought division among family members. This scenario shows that the elderly in Zimbabwe are now looked upon as economic burdens. Children, relatives and friends are now busy with their own nuclear families, to the extent that they no longer afford to look after their aged parents (www.NursingHomesBook.com). Kephant and Jedlicka (1988) say that children become socio-emotional insurance policies for parents and important sources of identity especially for elderly matters. If this was the case, these relationships would ensure solidarity and a sense of security. Unfortunately, we now have what is referred to as the "sandwich generation" where those in adulthood and the middle aged have to cater for their young families and at the same time, look after their elderly parents. The majority cannot manage to do both due to their economic situation, so they choose to abandon their parents.

The female inmates at the home spent their leisure time knitting, crocheting and weaving using old yarn from old plastic sacks, and old garments. They made mats and bedspreads which they sold to visitors who come to the home. One female inmate sold "*bute*" (snuff) even to outsiders who were now her customers. They used the money they got from these sales to buy other items they consider essential to them. The male inmates could go out to socialize in the location, but the caregivers encouraged them to look for social partners at the home. The male inmate who had got 'married' at the home, (that is, was not formally married but got a social

partner whom he now shared a room with), would assist his partner and look for firewood. Most leisure activities were however limited to the home. At Christmas time, the Administrator reported that they organized something like a party for the inmates and the played music to which the elderly would gladly dance. This was the only form of entertainment reported for the inmates.

IV. CONCLUSION

The researchers established that the main reason for neglecting and ejecting parents and relatives is due to the influence of Western culture and the economic situation in the country. The Western culture focuses mainly on the nuclear family with very limited ties with the extended family. Some black Zimbabweans have tended to adopt this culture especially in the urban areas where there are a lot of economic challenges. It is a dilemma to them in the sense that one might have one room or two to rent and not enough food to give to parents and relatives.

The research has established that Zimbabweans have borrowed an alien culture which separates the elderly from their children and relatives. They have become aliens in their own homes. This borrowed culture is traumatic to the elderly who are isolated from their loved ones thereby losing their identity. They are made to live a public life which becomes very traumatic to them. They have to cope with a new environment which is completely different from the one they are used to.

The study revealed that reasons for coming to the old people's home differed according to nationality. The non-Zimbabwean inmates had nowhere to go and no-one to care for them since they had no children. Their family tree had thus been severed. The Zimbabwean inmates had been neglected and ill-treated by their children and relatives and they had no alternative except to come to the home. In a way, they were driven there. The findings revealed that the extended family which was believed to care for all its members now no longer does so since family ties are certainly loosening. This becomes a dilemma for the black Zimbabwean. The elderly in the care facility were in a dilemma as they were forced to adopt and adapt to a culture alien to them. Instead of being sources of knowledge and wisdom which they are supposed to pass onto the next generation, they are now cut off from their families. There is no more interaction with their grandchildren. Hampson (1985:7) says "when an elderly dies, a library is in flames". This saying reminds us powerfully of the role of the elderly in passing on African values and beliefs. His study has revealed that the status of the elderly in African culture is no longer as significant as it used to be.

The elderly could not hide their bitterness at being in the home. One female inmate said "*Kundidzinga pamusha ini! uchatambura, uchapfeka masaga*", (how could he send me away from home! He will bring misfortunes and suffering into his life). This is indicative of children who suffer in life because of neglecting their parents as is generally believed in African culture. It was established that these parents were nostalgic but could not do anything about their predicament.

In the face of the AIDS pandemic, the economic situation in the country, migration into towns and cities and urbanization, (including the growth points), old people's homes are unavoidable. It is now incumbent upon the Government and all concerned citizens to see how African values can be infused into these homes.

Recommendations.

The Universal Declaration of Human Rights (1993) states that "Everyone has a right to a standard of living adequate for health and well-being of himself and of one's family including food, clothing, housing and medical care and necessary social services and the right to security, and in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his/her control."

For this to be possible the study recommends that

- 1) the State establishes a social fund for the elderly where they get a monthly allowance to cater for their basic needs. If this is done, then it would be easier for children and relatives to take care of their elderly in their homes, for they would no longer be an economic burden thereby keeping the family intact,
- 2) training be organized for those handling the elderly in old people's homes, and
- 3) Counseling be organized for the inmates so that old age care includes psychological well-being in addition to physical and physiological care.

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