

# PROGRAMME Brief

## AGEING, AGENCY AND HEALTH



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## BACKGROUND

Especially in sub-Saharan Africa we do not yet know much about ageing, health and care from the perspectives of the older people themselves. Driven by accelerated demographic change and the associated health transition that is also observable on the African continent, new visions and solutions are needed in order to care for the rising number of older people.

The project that includes two PhD studies contributes unique insights into how the ageing population of East African cities copes with changing environments due to accelerated urbanization processes, globalization, political changes, shifts in population growth and transforming health concerns. Using a qualitative comparative approach, the PhD projects focus on the Tanzanian cities of Dar es Salaam and Zanzibar, respectively, and follow transnational links from Tanzania to the United States of America and Oman.



## MAIN FINDINGS

**Being old is not the problem!** Research in Zanzibar as well as in Dar es Salaam showed that old age does not cause difficulties as long as the older person can actively engage in earning money and/or in daily household and family tasks. However, as soon as health deteriorates and expensive medical treatment and physical care is needed, old age can involve some difficulties.

**Common health problems** mentioned by older people in Dar es Salaam and Zanzibar are eye problems, diabetes, hypertension, growing pains, rheumatism, numbness, swollen feet and legs and prostate problems. The older people described their health condition often by referring to strength (*nguvu*).

**Free health care** in Zanzibar and for people above 60 years in Dar es Salaam includes diagnosis and consultation, however, in Dar es Salaam not all older persons benefit from this exemption policy. In case of free treatment provision, the elderly patients struggle to pay for the prescribed medicine. In addition, in many cases the right medication is not available when needed (e.g. daily insulin injections for a diabetic). After visiting a health facility, patients' knowledge about their health problem(s) may have increased but often not much can be done.

**Caregivers at home** face sometimes difficulties in giving "the right" care. Although family members may try their best to care for older persons, they lack knowledge in geriatric care and are challenged to provide adequate care for ageing family members. The same applies to medical staff in the health facilities, since few health providers have geriatric knowledge.

**Non-kin forms of care** provide alternatives. One example are housemaids (*dada*) who take over responsibilities in caring for elderly persons. They do not have professional training. Religious groups and neighbours provide spiritual and emotional care.

**Gender** makes a big difference in ageing. Not only do older men age differently from aged women, gender norms are also defining who should take care of elderly people and in which way. These differences are visible in the living and care arrangements.

## SHORT FACTS

### Life expectancy

TZ: Men: 59; Women: 63

### Percentage of older people

Mjini Magharibi ZNZ: 3.6 %; DSM: 3.5%

### Household size

Mjini Magharibi ZNZ: 5.2 %; DSM: 4.0%

### Percentage of pension above 60 years:

ZNZ: 4.6%

(Source: Census 2012)

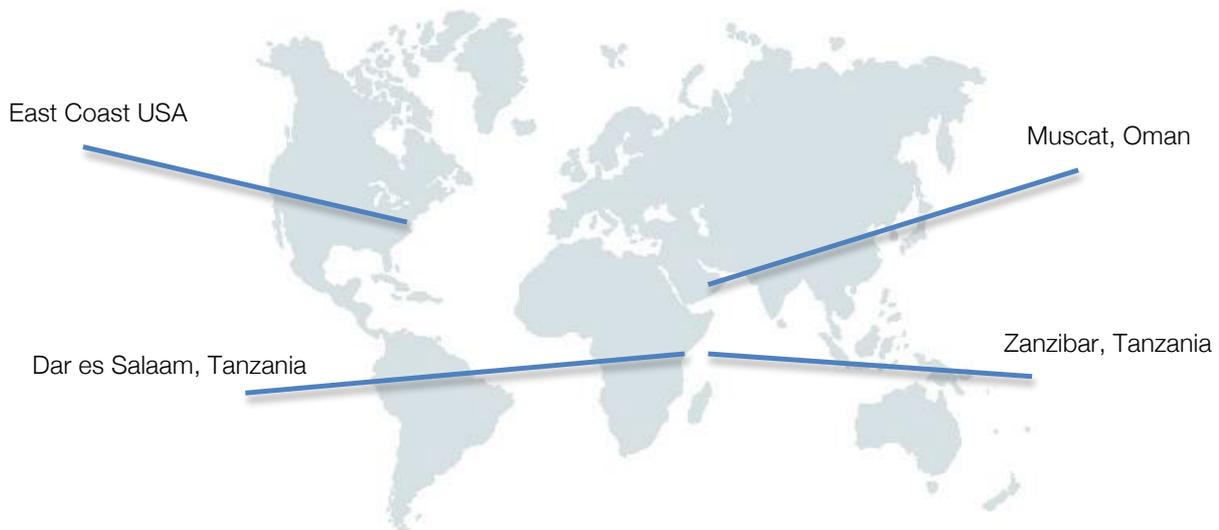
# TRANSNATIONAL AGEING, HEALTH & CARE

## DAR ES SALAAM

The project examines meanings of growing old in Dar es Salaam, the industrial, commercial and governmental center of Tanzania. In a first step 50 people aged 60 years and above were interviewed in four wards of the city to gain an overview. In a second step, the project focused on 11 older persons and their caregivers in a particular middle class area and followed them for almost three years. The project found that for the middle class older people “good old age” includes living a healthy life by consuming “good food” and doing physical exercises (*mazoezi*). Moreover, they prepare for a “successful old age” by offering “good education” to their own children and saving money.

## USA

Many young Tanzanians travel to the USA for further education. Some return home and others remain – with or without permission to stay. How are adult children of older people living in the USA involved in the ageing process of their parents back home? To examine these transnational links, 27 Tanzanian migrants in the USA were interviewed and accompanied in their activities. The project found that transnational care usually takes place within a triangle of care: An adult child or relative staying close to the older person in Tanzania serves as an “observing eye” and mediates the contact between the older person and the relative abroad by using social media tools, such as WhatsApp, Viber or Skype.



## ZANZIBAR CITY

The project investigated what it means to grow old in Zanzibar, the former center of the Swahili mercantile civilization under the Omani rule. The team in Zanzibar interviewed 50 older people in four city wards to gain an overview of their health and care arrangements. In a second step 11 older people with transnational links were selected and followed up for almost three years. Peoples’ lives are to a large extent oriented towards the Islamic world and Arabian and Asian countries. Moreover, elderlies’ experience of growing old is grounded in perceptions of their body and mind mediated by social agency and societal discourses. Self-reported health conditions as well as care arrangements can change through agentic, intersubjective processes of doing elder care, gender and kinship and are heavily influenced by transnational relations, Islamic belief, economic capital and education.

## OMAN

Over the past centuries, a transcultural space has been created between Oman and Zanzibar through political expansion and an exchange of goods, people and ideas. Focusing on 20 relatives in Muscat, the capital of Oman, transnational practices of long-distance care giving and health-related ageing experiences linked to transnational care arrangements were studied. How do transnational ties between older Zanzibari and their social network influence their ageing, health and care? How do these influences manifest themselves in practices and identities? Transnational care relations are kept alive through regular and long visits, frequent phone calls, picture sharing through “WhatsApp” and through sending gifts, medications and money. These reciprocal bonds are reinforced by nostalgic feelings for Zanzibar and a sense of Muslim duty, since one can only reach paradise by providing care for ones’ elders.

## CARE ARRANGEMENTS

With whom older people in Dar es Salaam and Zanzibar City live together (living arrangement) and who is taking care of them (care arrangement) is often corresponding but there are also many cases where certain persons in the household and others who are not staying in the same household care for an aged person.

Most of our elderly informants live in a multigenerational family household together with children and grandchildren. Out of the 50 interviewed older women almost none is staying together with a husband. Men usually stay with a wife especially if they feel they still have strength. In Zanzibar City, frail elderly men often stay without a wife but with their children (both daughters and sons). The interviewed frail men in Dar es Salaam are cared for by their wives as main caregivers, while the majority of elderly women seem to be cared for by their daughters and granddaughters, sometimes also sons. Especially in Zanzibar city, moving older people from one children's home to another in order to share the "burden" of care is very common, while older people in Dar es Salaam tend to own their houses and thus remain. Often sons give financial and daughters physical support. If the children stay abroad, many daughters do also help financially.

If a man or a woman does not have biological children and grandchildren, he or she has to find other ways to receive care. Throughout their lifetime they develop close ties with others, for instance by bringing up foster children or by establishing strong relationships to neighbours or distant relatives.

Besides the care through close relatives some families are employing household helpers, for instance, to clean, wash or cook. Household helpers seem to bring relief for older people in performing daily activities. In (health) emergencies also neighbours assist through e.g. driving sick people to the hospital, bringing food or just paying a visit to the older person. While in Zanzibar especially men go several times a day to a mosque and receive spiritual and emotional care in their faith community; in Dar es Salaam, church groups are involved in providing emotional care.

Elderly people do not only receive care but also give care if they still have strength. Aged women may take care of their husbands and also grandchildren or contribute to the family earnings, while older men are sometimes still the main income providers in their household.

## SELF-CARE

Many older people engage in forms of self-care. They try to eat "good food" and do *mazoezi* (physical exercises). However to influence their daily meals (e.g. accurate meals for diabetics or hypertension patients) can be difficult if they are not preparing food for themselves. Doing *mazoezi* is gendered, since men do more walking exercises to stay healthy while women often perceive their daily activities in and around the house as well as the care for grandchildren as being part of *mazoezi*.

Informants who have more financial means tend to describe themselves as "still having strength". The available financial means within the family seems to enable their active role in health promotion, prevention and care. Therefore they are not only able to prevent health problems through regular check-ups at the hospital, but are also usually able to cope with chronic conditions, such as diabetes or high blood pressure (e.g. visiting every month the diabetes unit

## RECOMMENDATIONS

Appropriate and **locally adapted health information** is needed in order to improve older persons possibilities of self-care. Also at hospitals, health problems and treatment options have to be explained in a language that is understandable for older people and their relatives.

Home care arrangements for older persons should be carefully monitored to provide evidence for policy makers. Booklets and magazines providing **instructions for good geriatric care** (e.g. how to cook food for a diabetic) should be developed for family members who act as care givers. Care for older persons should be systematically included in the **national guidelines for home-based care**. Health staff should be trained to support family caregivers in geriatric care.

Older people as well as their families and the society as a whole should accept that elderly people have to be treated as actors with their own voice and rights.

