

**COPING STRATEGIES OF THE ELDERLY PEOPLE IN URBAN COMMUNITIES**

**THE STUDY OF MUTUNDWE, RUBAGA**

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## **DEDICATION**

This work is dedicated to my parents for their tireless efforts, inspiration and encouragement throughout my life and to all my sisters and brothers for all their love, moral and financial support.

## **ACKNOWLEDGEMENT**

I would like to express my deepest appreciation to all those who provided me the possibility to complete this report in one way or another through their prayers, resources and encouragement.

I would also like to acknowledge with much appreciation my family, workmates and friends for your encouragement which has kept me going and for that am sincerely grateful. It is because of your support that I have managed to get this far. May God bless you abundantly.

A special thanks goes to my supervisor for his guidance, direction and advice accorded to me throughout the period of under taking this project. Your efforts, counsel and supervision are highly appreciated.

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UNEDSA United Nations Department of Economic and Social Affairs

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## **ABSTRACT**

The major objective of this study was to find out the effect of copying strategies of elderly people living in Uganda. The specific objectives are; to find out the challenges faced by the elderly people, to find out the role of the community towards the living conditions of the elderly people and to find out measures to the problems of the elderly people.

The researcher used survey research design to conduct the study with sample size of 52 respondents of whom all were elderly people. Various data collection instruments were used in this study and these includes the following; questionnaires and interview guides.

The findings show that the elderly people have health problems, receive social support from the children; they have productive assets like land, houses and take part in other social economic activities.

The results revealed that the elderly receive support from the community, have health centers in the community to help them when they are sick; have education services for their grand children and there are also charitable organizations that provide help to them when in need.

The study concluded that the government pays little attention; do not have social protection schemes, little help from both family and community, absence of protection rights organization in the community, accessibility of judicial systems to solve cases concerning old people and institutions that look after physically ill people in their area.

The researcher therefore recommends that older people should be provided with the necessary support including legal advice, financial support and literacy programmes, in obtaining documentation needed to access entitlements for themselves and those in their care.

Older people's rights to food, shelter, land, equal recognition before the law and income should be realized so that they can support themselves and their dependants. Denial of these rights exacerbates psychosocial trauma which negatively affects their own well-being and their ability to care for others.

# CHAPTER ONE

## GENERAL INTRODUCTION

### 1.0 Introduction

This chapter presents background to the study, problem statement, objectives of the study, research questions, significance of the study, justification of the study, key definitions of term and conceptual framework of the study.

The study seeks to find out copying strategies of elderly people in Uganda as they are continuing to face challenges of finance to cater for their ailing children and grandchildren as well as contributing to their families, the role of the community in aiding them and what can be done to improve their status in the country through government interventions.

### 1.1 Background to the study

At a global level, especially in the developed world, population of the people older than 65 years is growing at a faster rate compared to other classes of people below 65. The responsible factor is more connected with increase in life expectancy and decline in number of children being given birth to in a year (Plank et al., 2009). Reliable data shows that the elderly has the fastest growing population in the world, especially in the developed world where good standards of living and medical advancement is the order of the day (Toner et al., 2003).

According to the recent data, life expectancy in the developed countries such as United States and Europe has drastically increased in both men and women to around 74 yrs and 80 yrs respectively. A number of reasons may be responsible for this but development in the medical field appears to be the most responsible factor (Toner et al., 2003).

The face of Africa is changing. Like every other region in the world, its population is ageing, but in Africa this is happening much more quickly. By 2050, the number of people over 60 living in Africa will increase from just under 50 million to just under 200 million (UNDESA, 2008). This unprecedented demographic shift is having profound implications for society, influencing people's social, economic and political lives.

Older men and women throughout Africa make vital contributions to their families and communities. Across the continent, 64 per cent of men over 60 years of age continue to work across the formal and informal sectors (UNDESA, 2006). Older women tend to live longer than older men, with a life expectancy at 60 of a further 17 years. They continue their domestic and subsistence farming roles. Increasing numbers of older women whose adult children have migrated in search of work or have died as a result of HIV and AIDS are bringing up grandchildren too (UNDESA, 2006)

Population aging in Africa is expected to accelerate between 2010 and 2030, as more people reach age 65. Projections show that the elderly could account for 4.5% of the population by 2030 and nearly 10% of the population by 2050 (UN DESA, 2011). In many countries in Africa, the proportion of older persons will be close to that of industrialized countries by 2030 and 2050.

As people grow old, they are most likely to go through some kind of illnesses, injuries or stressors (physiological, psychological, social, sexual or spiritual) and these have direct impact on the body functionality (Health and Phair, 2011). When the body is faced with challenges or loss and the ability to manage it become difficult, stressors set in and the reason to adapt with the situation will be more important than personal interest (Bittner et al., 2010).

In some situations, an individual can have infection, go through operation, get injured in an accident or experience a psychological trauma. There will be healing process which may not complete, especially if the resources to care for it are not affordable, the victim will be forced to move on with irreversible of health abnormalities. When this situation occurs, coping with the condition become a priority (Health and Phair, 2011).

Age related changes in the elderly are too many to count. They can be categorized under biological, medical, physical or psychosocial. Ageing process of the elderly people is a weakness of physical functions with loss of good health.

Ageing process can be linked to normal changes in the body system ranging from mental disability, breaking down of vital organs, vision loss, muscle weakness, and low level of bone strength. (Kim et al. 2009).

When man faces a condition in which he begins to lose functional parts of his body and begin to go through challenges, there is tendency for stress to set in. According to Bittner et al. (2010) stress occurs when the affected person has less resource to overcome the challenging situation he finds himself and there is less probability of effective coping skills. Therefore this provides for the researcher to find out coping strategies of the elderly people and how they can be helped in the urban areas.

According to the Uganda Population and Housing Census of 2002, 4.6% of Uganda's population were older persons aged 60 years and above, numbering 1,101,039 (561,530 women and 539,509 men). The Uganda National House Hold Survey report of 2009/2010 indicates that the population of older persons in Uganda is 1,304,464 of which are 703,811 females and today the projected population of older persons in Uganda is 1,540,000 (GOU, 2012).

## **1.2 Problem statement**

Older populations (i.e. those who are, aged 60 years and above) in developing countries are growing both in number and in proportion. Of the approximately 600 million older persons in the world today, 370 million of them live in developing countries. By 2020, 70 percent of the world's one billion older persons will live in developing countries. Over the next five decades, the number of persons aged 60+ in the developing countries will be nine times greater than it is today, and the share of elderly persons residing in urban areas will be 16 times greater. It is a clear picture: cities in developing countries will have more and more older persons in the future (Bird and Shinyekwa, 2003).

A survey of 15 African countries found that in 11 of these countries the proportion of older people living in poverty was higher than the national average. This is particularly the case when older people live in families with young children (UNDP, 2005). In Uganda, 64 per cent of older people live in poverty compared to 38 percent of the population as a whole. This poverty prevents older people from participating in society, and from accessing services for themselves and their families.

It is imperative that older people and ageing issues are included in national development initiatives, such as poverty reduction processes, strategies and budgets (GOO. 2002).

The Uganda Chronic Poverty Report of 2005 highlights elderly persons with disabilities, the widowed elderly women looking after orphans, the urban house renting elderly, those in remote rural areas (because of their reliance on agriculture and their inaccessibility to markets) and the elderly who live alone as most vulnerable to chronic poverty. They do not have access to a regular income and majority do not benefit from social security provisions. They are discriminated against and denied employment opportunities once they reach retirement age. Relatives grab their land and other property leaving them destitute and with no means. The research aims to establish the coping strategies elderly people in urban communities.

### **1.3 Objectives of the study**

#### **1.3.1 General objective**

To find out coping strategies of the elderly people living in Uganda.

#### **1.3.2 Specific objective**

1. To find out the challenges faced by the elderly people,
2. To find out the role of the community towards the living conditions of the elderly people,
3. To find out how the elderly people manage their lives.

### **1.4 Research questions**

1. What are the challenges faced by the elderly people?
2. What is the role of the community towards the living conditions of the elderly people?
3. What are the measures to the problems of the elderly people?

## **1.5 Scope of the study**

### **1.5.1 Content Scope**

The researcher mainly focused on the copying strategies of elderly people in Urban areas. The researcher was inclined to establishing the challenges faced by the elderly people, finding out the role of the community towards the living conditions of the elderly people, and the solutions to the problems of the elderly people.

### **1.5.2 Geographical Scope**

The study was confined to Mutundwe Parish on western part of Kampala the city of Uganda. This place was selected owing to the fact that it is one of the upcoming areas with many elderly people and the majority widows have lots of grandchildren to look after which was suitable for the study.

### **1.5.3 Time Scope**

The study was confined to the period between the years 2011 -2014 considering the much rapid developments in government programs for the elderly people. This time scope was selected because it was long enough for the researcher to establish the copying strategies for elderly people in urban areas following the government policies of economic transformation to all its citizens.

## **1.6 Justification of the Study**

The government of Uganda introduced the social pension as one of the main forms of Direct Income Support to elderly people. One of its objectives is to "expand social protection measures to reduce vulnerability

### 1.7 Significance of the Study

This research may help the Government of Uganda to know challenges that are being faced by elderly people in semi urban areas and devise means of how these people will be helped to cope with old age.

This research may help civil society and non-governmental organizations to get basic information about living conditions of the elderly people in urban communities. This may help organizations to either intensify or reduce their services among the old especially legal rights and access to the health centers depending on what transpires from the study.

### 1.8 Definition of Terms

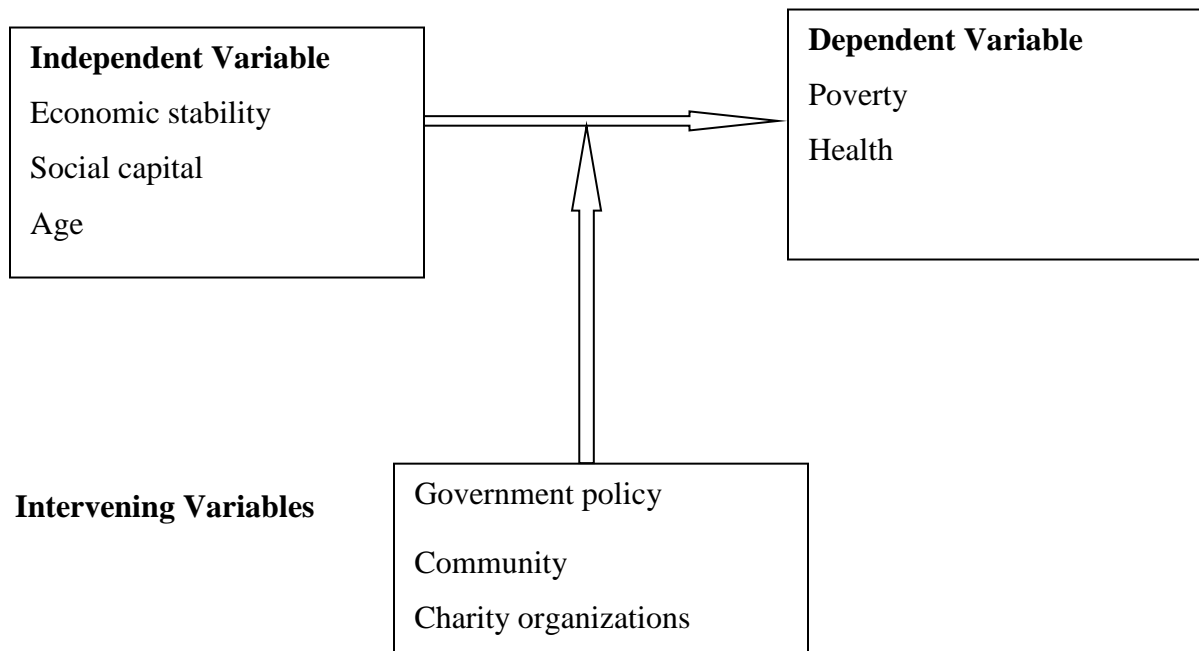
Coping; is defined as progressive change in cognitive and behavioral ability to control certain external or internal needs considered to have exceeded the resources of the person in question

**Elderly;** are people that are older than 60 years, some people set it to be 65 and described it as a period in life of a man when he cannot adapt properly to what he had previously adapted to.

### 1.8 Conceptual Framework

The conceptual framework shows the effect of copying strategies of elderly in Uganda. And this is shown in the figure below;

**Figure 1 showing the conceptual framework of copying strategies of elderly in urban areas**





Source; HelpAge international (2006)

Economic stability is a livelihood strategy for elderly people who rely on casual laboring as a livelihood strategy. This entails tasks such as gardening, assisting fishermen, crushing stones and fetching water. Casual labor is rewarded with little cash or food and puts the laborer at the mercy of the employer, also, self-employment is a livelihood strategy adopted by elderly persons. They are involved in petty trading, selling food stuffs and local hand crafts which helps them to cater for treatment in case of illness and avoid poverty.

Social capital also has an effect on old people in the way they invest in collectively gather resources as groups to pool funds and use them in times of need like sickness and also avoid poverty that leads to sickness even death.

Different age groups require different attention and this is affected by environment and government policy that helps to provide some amount of money monthly to sustain the old people. As people get older, their health care needs change. Older people often do not know the clinical effects of ageing, or lack the resources to meet their health care needs. Many older people experience chronic poverty, and this exacerbates the degenerative effects of ageing, such as hypertension, malnutrition, anaemia, diabetes, osteoporosis, rheumatism, and hearing and eyesight problems.

The intervening variables of government policy, community and charity organizations, these are aided by providing health centres, providing education and providing basic needs through charity organizations that are helpful to old and above all the community to represent these people to push policy matters for example in parliament, Local Councils and seminars.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

The chapter presented the review of the relevant literature related to the current study. The purpose of the review is to present what is known about the problem from the theoretical perspective prior to the study in order to give a foundation to the current study. It provided the background, existing gaps and the need for the current study.

#### **2.1 Theoretical Framework**

##### **2.1.1 Social action Theory**

Social action theory is human approach or action that is pertaining to individual. Actions are further described to comprise intentions or objectives, thoughts and other factors that make it possible to reach those objectives.

When the condition is more challenging, intention is achieved through organized thoughts, progressive actions and the available external inputs. These factors are collectively referred to as coping strategies (Duner and Nordstrom 2005).

The elderly are faced with declined state of health which normally discourages them from being motivated to take actions. To encourage the old people to participate in coping strategies, their thoughts about 'coping practice has to be raised to a more concrete level. This can be achieved through education, comfortable environment and personal efforts.

When the elderly develop organized thoughts, motivated actions and have access to external resources as described by social action theory, they will be more determined to adopt coping strategies in achieving their goals.

## **2. 1. Gerotranscendence Theory**

Gerotranscendence is defined as a theoretical concept that explains changes in old age. The theory states that ageing is a natural development process in which there is a change in the way people see things as they age and change of interest. When this occurs, the definition of reality begins to change in the individual mind (Wadensten, 2005). The theory puts the elderly in a reality life which makes them to develop a belief that they can still move on with life and play their previous roles even in the presence of all the challenging stressors on their way.

According to Tornstom (2005) mind set determines the will of an individual and gerotranscendence see changing people's mind is a way of changing people's thoughts and their actions, therefore, gerotranscendence is centered on changing people's minds about the way they see objects, life and death in relation to coping with their present situation.

Self; this is a situation when the bad and the good side of self are discovered.

According to Tornstom (2005) points out that decrease in selfish interest is experienced and the individual think more about the others rather than self alone. At this stage, mentality to care for the body increases and one begins to re-discover the past (the childhood period) and try to bring the image back to the present in order to encourage themselves.

This ideology of connecting the childhood period with the present period gives the elderly ability to see what they were able to do in the past. This influences their present and makes them develop a kind of feelings that they can still do the same tasks despite the age related changes they are going through.

Social and individual relations; this is where there is moderate interaction with people will become more important. Old people develop sense of dropping their responsibilities as they cannot carry on'with it any longer due to their disability (Tornstom, 2005).

Habit of dropping worldly things will be part of their practice and start picking up religious beliefs. Strong religious beliefs make it possible for old people to accept situation and be hopeful. Some of them start growing from strength to strength in prayer. The wisdom increases through meditation and learning.

Cosmic level; at this level, the old people experience changes in perception (Tornstom. 2005). The way they see things and the way to approach it is changed due to their present irreversible condition. At old age, it is realized that they cannot really influence things like before, therefore, their perception will bend towards accepting their present situation. On a daily basis, sense of appreciation increases in which little thing is more appreciated and enjoyed compared to the old time. There is less fear of death and new things about life are accepted. There is total acceptance of whatever life brings either good or bad. Gerotranscendence makes old people to accept who they are which encourages them to either cope with or live with it.

## **2.2 Elderly People**

Old age is a period in person's life when body system starts to diminish in functionality. There is no specific age to describe old age. It has been difficult to set a certain age for the old age, different ages are considered to be old age in different countries.

According to Robertson (1996) in his discussion about 'what is old age', he stated that the age of retirement for judges in UK is 70 years and the age at which a woman is placed on pension would be raised to 65 years. A study carried out in Sweden sets old age at 76 while the study conducted in Finland about depression among the old people consider the category of people with age 60 years and above as old age class.

The Elderly could be referred to as people that are older than 60 years: some people set it to be 65 while some authors raised it to be person at his or her 70 years of age or older (KotkampMothes et al., 2005). Therefore, old age could be described as a period in life of a man when he cannot not adapt properly to what he had previously adapted to (Toner et al., 2003).

Ways of dealing with stressors that are associated with aging are not only controlled by corrective measures after finding ourselves in the situation. Preventive measures put in place before the situation occurs help the elderly in reducing the effect of the problems when they eventually occur (Ouwehand et al., 2006). The ability of older persons to create awareness about their issues has been minimal. Their organisations are not strong enough to lobby for their needs and rights, leaving many of these unaddressed.

Organizations that have emerged to assist older persons lack a voice are uncoordinated and poorly funded. Consequently, the impact of their activities and programs has gone largely unnoticed. Moreover, older persons are not represented in National and Local Government structures thus their needs and concerns are never catered for.

### **2.3 The challenges faced by the elderly people**

Living a long life is a great achievement and the older people of Uganda have made immense contributions to building and developing the country since independence. This includes participating in various liberation struggles, working through their lives to support the economy, and caring for grandchildren, sons and daughters, especially orphans, many of whom have been affected by HIV and AIDS. Older people continue to guide and inculcate Ugandan cultural values in their children and grandchildren, as well as preserving Uganda's rich and diverse cultures. Grandmothers, in particular, play an important role in caring for their grandchildren which enables working age parents to produce food for their families or enter the labor market. Indeed, many older people themselves continue to be active net contributors to the household. Yet, as people age, they gradually become less able to provide for themselves and become — increasingly dependent on others (Uganda National Household Survey, 2010)

Ill health — in most communities, a high proportion of the poorest are elderly people who have been, abandoned, those who have become physically weak or suffer ill health and those who are destitute. Literature shows that older persons often experience health-related problems such as hypertension, cancer, visual and hearing impairment, and other old-age ailments (Hickey, 2003).

Limited social support — While in the past, families easily cared for their parents, the harsh economic conditions which most working Ugandans now face severely limit their ability to assume these traditional roles. As such, there is a growing tendency among income earning Ugandans to contrite care and support more to nuclear than the extended families. Older persons are perceived more as dependents than active household members.

Lack of productive assets; many chronically poor elderly persons do not possess productive assets like land, capital, knowledge and skills. Their reduced physical strength is a cause for depletion of earlier accumulated property to meet expenses related to medical care and general upkeep (CPCR, 2006).

Lack of regular sources of income — Elder persons comprise those who were formally working in public service but are currently retired or those that had meager or no retirement benefits. Others in the urban areas are engaged in petty trading while those in rural areas depend on low agricultural productivity. Coupled with this is the limited physical energy that elderly persons have, limiting them from actively undertaking productive work which would otherwise guarantee them a regular source of income (CPCR, 2006).

According to Chuks (2007) notes that, old age in many African countries are a nightmare and a tale of woes. The elderly are vulnerable to financial exploitation and social isolation, thereby endangering their health. Elderly people, particularly women, have to care for their dying children and orphaned grand children. The family and community networks in many developing countries that had formerly provided support to the elderly generation have been weakened, and often destroyed by rapid social and economic change (Riekse and Holstage, 1996). The AIDS pandemic is also significantly affecting the lives of elderly people. In many parts of Sub-Saharan Africa, for instance, children are being orphaned in large numbers as their parents die from AIDS complications (Randel et al., 1999). Elderly people who had anticipated support from their children in old age are finding themselves to be the main caregivers and without a family to help them in the future.

HIV/AIDS Pandemic — the pandemic has led to creation of a huge proportion of orphaned children. The burden of raising orphans has been born by elderly persons. They are doing this in situations of abject poverty. These children have to attend school, have to be housed, fed and provided with medical care whenever need arose. In Uganda, one out of five children now

Older women are also affected by domestic and sexual violence. According to a recent Amnesty International report older women are also vulnerable to domestic violence when their partners take younger women, if they seek to negotiate safe sex, or when their children seek to take their property. They may also provide support to their married daughters who have been forced out of their marital homes due to domestic violence and return to the home of their older parents with no income and often with young children who need care whilst they look for new livelihoods (Amnesty International, 2010)

#### **2.4 The role of the community towards the living conditions of the elderly people**

As the population of Africa ages, older people continue to experience isolation, poverty, violence and abuse, and have limited access to health services, education and legal protection. With no pension income, older people are often forced to work in low-paid or demeaning jobs to provide for themselves and their dependants. Supporting older people to know their rights and to hold duty-bearers to account is essential if the number of older people living in poverty is to be reduced and the quality of their lives improved. Particular attention should be given to older women, who tend to live longer than men and often face discrimination in access to services.

Many older people-particularly women experience discrimination in property, inheritance and marriage issues, which are often dictated by discriminatory customary law. Judicial systems are often inaccessible to older people for reasons including cost, distance, and lack of literacy, the absence of free legal assistance, and a judiciary unaware of ageing issues. The provision of free paralegal support can significantly increase the number of cases that can be resolved at the community level. For example, in northern Sukumaland, Tanzania, paralegal support has been used effectively to tackle accusations of witchcraft and related violence against older women. Property, inheritance and marriage disputes are often at the heart of these accusations. Using paralegals and older people's village committees to inform the whole community of older people's rights has had a very positive effect, both on the reduction of accusations and on the number of cases being taken to the primary courts (Plan International, 2006).

While older persons prefer to spend their lives within their communities and families, a worrying trend today is the ease with which the community is willing to commit its old to institutions.

Whilst olderpersons were (culturally) taken care of within the communities, today, family L members often try to get them committed to institutions. These institutions are already stretched

beyond capacity due to the high number of abandoned older persons whom they try to absorb L (HelpAge International, 2006). Commenting on how the community cares for the elderly today,

eiscussants observed:

Some destitute elderly persons are taken to homes of the aged around Nairobi town (Kenyatta National Hospital health workers, 24-8-2001).

The elderly who are physically dependent cannot be admitted into the available homes. There are no facilities to support such elderly in need of constant medical attention (Kenyatta National Hospital health workers, 24-8-2001).

Elderly persons loiter the streets in this area because they have no families to turn to for support. There is a great need for an old people 's home. (Nanyuki District Hospital health workers, 22-82001).



A good number of families, however, still take care of their old within the family.

In this area, elderly persons just remain in their own homes where members of the extended family support them. Grandchildren direct their blind grandparents (Nakuru mixed, 27-8-2001). Religious institutions also often intervene to care for the destitute (in general) within the communities.

There are church programmes in this area whereby Christians visit fellow members of the community. During such visits, people with needs are identified and their needs looked at and solutions provided. For instance, those without food are provided with food. When the groups come across elderly persons, they identify their needs and purchase food for them and the children, among other things (*Misyani women, 29-8-2001*).

There are also charitable institutions that exist within communities and provide support to the needy in the community.

*Kenyatta National Hospital League of Friends provides wheel chairs to immobile patients. The elderly form a large percentage of the immobile patients. Hence, the majorities benefit from such donations (KNH health workers 24-8-2001).*

*Apart from the above formal institutions, there are also informal institutions that exist within communities that can intervene. The efficacy of such institutions (in intervention) today are however very doubtful given the changing community structures.*

*In the old days, the things that our children do would warrant ostracisation. Today, even the clan elders are tired of calling clan meetings to warn the errant children (Misyani women, 29-8-2001).*

## **2.5 Measures to the problems of the elderly people.**

Governments should pay greater attention to issues of aging. There is an urgent need to develop and implement coordinated national policies for this age cohort and to mainstream aging issues in national development frameworks and poverty reduction strategies. This is in order to address the socioeconomic needs and rights of older people and improve their well-being. One requirement is to make adequate provision in national budgets for the provision of social services for the elderly. The focus should be on the provision of shelter, healthcare, food security, nutrition, and social security schemes, among others (African Development Bank, 2011).

### **Scaling up social protection schemes**

Most African countries will need to develop and improve the coverage of comprehensive social protection systems for their senior citizens. The majority of African countries do not have formal systems of social protection that cater to the specific needs of older people. However, South Africa, Mauritius, Lesotho, Botswana, Cape Verde, and Namibia have introduced noncontributory social pension pro-grams for the elderly (Kawani and Kalanidhi, 2005).

*National old-age pension schemes* will need to extend coverage and also consider contributory pension plans for those who are working now, in a bid to alleviate old age poverty, guarantee a minimum income for older people, and prevent the intergenerational transmission of poverty. The majority of Africa's population is self-employed and works in the informal and agriculture sectors. This sector does not offer much in terms of social security and protection, including for old age. Therefore, public—private partnerships (PPPs) should be explored as a way of promoting and expanding contributory pension schemes (Kidd and Whitehouse, 2009)).

*Targeted careHealthcare* ;Healthcare systems will need to be responsive to the needs and demands of an aging population, including the greater access to specialist services and treatments. In particular, governments need to consider introducing access to free and subsidized health services, medication and longer-term healthcare facilities for the elderly (Leive and Xu, 2008).

***Community and family care;*** Family and community will remain the basic re-source for the older persons in the absence of publicly funded social security schemes. There is need to support and promote community-based care in order to ensure that better services are provided to the aging population. The informal systems of social protection through extended family and community support will continue to be a viable option for short to medium term.

Therefore improved employment opportunities to induce younger people to remain in rural homes could benefit the elderly both economically and socially and would facilitate adequate support and care for the elderly. Strengthening the resources of women, who are the traditional caregivers, would benefit all family members, including the elderly. This would expand the impact of existing self- help and mutual aid groups. Therefore policies should also aim at improving the situation of rural communities, and specifically target women

## **2.6 Coping strategies**

Coping is defined as progressive change in cognitive and behavioral ability to control certain external or internal needs considered to have exceeded the resources of the person in question. Coping is also to be related to human personality trait and a time changing process in accordance with the situation we found ourselves in (Birkeland and Natvig, 2009).

Elderly people face series of challenges such as illnesses and irreversible loses during the phase of ageing process. This process works against the will and interest of the elderly people. Acute illness comes with lots of problems and there may be a need to keep in shape one's emotions, self image, ability, relationship. Keeping in mind that the future ahead is no longer promising regardless of the condition of illness, it is the responsibility of the elderly to try and keep up with a good life (Ridder and Schreurs, 2001; DeSouza and Nairy, 2003).

Nowadays, dependency in various elderly homes has raised a significant alert that needs a standard approach. Elderly people look up to healthcare officers for support in almost all their daily tasks. Dependency of the old age patient is such a huge problem that requires prior knowledge of the causative diseases, overall mental ability of the elderly, and their social relationship with other people and the surrounding issues (Molaschi et al., 1995). In cutting down over dependency, old people try to develop some coping skills such as engaging themselves in some other things around them. This includes trying to accept current situation, seeking out for help or services and also giving back to the best of their ability a sense of appreciation (Duner and Nordstrom, 2005).

Coping is categorized based on individual perspectives and its applications depend on the state of health and nature of the elderly people. Coping style could be problem focused, emotion focused, active, adaptive, avoidant, problem solving, corrective or preventive. Problem-focused coping is when the elderly can change the situation caused by aging process and direct efforts specifically to the main problem. When the elderly cannot change the situation, they rather change their perception about the problem and try to give it another meaning that is future promising, such coping is called emotion-focused (Duner and Nordstrom, 2005; Towsley et al., 2006).

In active coping, idea is directed towards gaining control over one's problem. Besides, this could be a move to change an unfavorable condition, dealing with one's emotions through seeking beneficial information or by avoiding the situation from taking control over one's life. This is done by seeking for something else to do or by socializing with people (Windsor, 2009; Cohen et al., 2011).

Preventive coping is an effort to avert or delay the occurrence of the age related changes in the elderly while corrective is a measure(s) spelt out to put the situation back to normal after the occurrence. Adaptation plays an important role in coping, proactivity involved in adaptations helps reducing stressors and it enhances the health outcome in a positive way (Kahana and Kahana, 2001).

Research result of Birkeland and Natvig (2009) indicates that old people that are living separately consider acceptability as one of their main coping strategies. From a different angle, Kahana and Kahana (2001) sees surrendering roles to the other members of the family or society as a way of coping to overcome social losses.

Pain is common among the elderly people and use of drugs cannot fully clear the effect. Large numbers of old people keep complaining about pain despite the use of medications. Pain worsens the state of health if they fail to design a way of adapting or accepting their present unavoidable situation (Gauthier et al., 2009).

Medical issues that give rise to painful situation might later become a secondary issue and psychosocial problem which comes up as secondary will become a primary problem (Dysvik et al., 2005).

Pain could be managed by cognitive behavioral approach; meanwhile, acceptance of pain is gaining awareness as an adaptive tool in coping with some diseases that come with pain.

Acceptance is described as taking faith about situation and direct attention to improving one's life while the pain is still there (Gauthier et al., 2009; Gagliese and Melzack, 1997).

Considering the understanding of the old people about the likely impossibility of treating pain, they prefer living with it as a method of coping rather than aimlessly working towards achieving the impossibility (Watkins et al., 1999). It was established by Windsor (2009) that continuous efforts, hope, general health, pleasing oneself and social interaction have a relationship with recovery from age related changes.

The elderly persons adopt some livelihood and coping strategies. Some elderly people rely on *casual laboring* as a livelihood strategy. This entails tasks such as gardening, assisting fishermen, crushing stones and fetching water. Casual labor is rewarded with little cash or food and puts the laborer at the mercy of the employer, who often is out to exploit the worker by getting too much work done at the cheapest cost. Also, self-employment is a livelihood strategy adopted by elderly persons. They are involved in petty trading, selling food stuffs and local hand crafts. Other elderly persons are self-employed engaged. Regarding coping strategies, all elderly persons in rural or urban areas, women or men are strategy adopted especially as a last resort (Chronic Poverty Report, 2005).dependency on support from their children which can be in form of cash or kind. Institutionalization of older persons is another coping.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

This chapter presented the approaches that will help the researcher when carrying out the study. This section was categorized with the following; the research design, area of study, the study population, sample size, sampling techniques, data collection methods, data collection instruments, quality control, measurement of variables, analysis and presentation, ethical issues and study limitation.

#### **3.1 Research design**

The researcher employed a survey research design that was be used in this study to assess the effect of coping strategies of the elderly people. The study employed both qualitative and quantitative techniques that will help in the data collection process. The qualitative methods focused on collecting descriptive information especially from old people and caretakers in the area with experience through interviews and self administered questionnaires while the quantitative methods focused on using tables for ease of understanding.

#### **3.2 Area of study**

The study was carried out in Mutundwe parish about 8km from city centre, west of Kampala. Mutundwe is highly populated area with all kinds of people of different age groups. The researcher is taking interest in this area because the area has high standards of living, most people depend on food from the market and there is hardly land for agriculture and hence the need for researcher to find out how elderly people survive.

#### **3.3 Study population**

The study focused specially on the elderly people above 60 years because their plight has been largely neglected in the society and this has led to detouring living conditions of the elderly and how they are coping with their ages and communities where they belong. The researcher used study population of 60 elderly population in Mutundwe village.

### **3.4 Sampling procedure**

#### **3.4.1 Sample size**

The researcher used a sample size of 52 respondents this was drawn from the study population of 60 old people. The study was conducted by the researcher going door to door with the help of Local Council official (LC1) and the village chairperson informed the researcher the number of elderly using Electoral Commission information (2016). The researcher employed table of Krejcie and Morgan to determine the sample size from the study population.(krejcie and Morgan 1970)

#### **3.4.2 Sampling technique**

The researcher used probability sampling technique under which he employed simple random method to select from among the study population the respondents. Here, the researcher selected respondents randomly without considering any characteristic or features and it enabled every sampling unit to have a chance of being chosen([http://explorable.com/probability sampling](http://explorable.com/probability%20sampling))

### **3.5 Data collection sources**

#### **3.5.1 Primary sources**

According to Amin (2003), primary data is that kind of data that has been gathered for the first time, it has never been reported anywhere. The researcher got information from the field through self administered to the respondents.

#### **3.5.2 Secondary sources**

Amin (2003) defines secondary data as that kind of data that is available, already reported by some other scholars. Secondary data included policy documents and abstracts of the various scholars relating to the topic of discussion in question. Secondary data for this study was gotten from sources like libraries, online information, text books, and newspapers.



### **3.6 Data collection tools**

#### **3.6.1 Questionnaires**

A questionnaire is a reformulated written set of questions to which respondents record their answers, usually within rather closely defined alternatives (Amin, 2003). Questionnaire was used on the basis that the variables under study cannot be observed for instance the views, opinions, perceptions and feelings of the respondents. The questionnaire was self administered to the respondents for the reason some of them have language problems. The questionnaires consisted of both open and close ended questions administered to respondents. This was purposely for the literate respondents in order for them to express themselves.

#### **3.6.2 Interview guides**

The researcher also administered interviews. An interview is a dialogue between an interviewer and interviewee. It is an organized conversation aimed at gathering data about a particular topic. This is a method where researcher interviewed respondents to obtain information on the issue of interest. Here the researcher had open ended questions which helped to cover in depth the subject between the interviewer and interviewee. This involved the respondents who were illiterate and those whom we found busy doing their work in their respective homes as it was so convenient

### **3.7 Quality Control Methods**

#### **3.7.1 Validity**

Validity refers to truthfulness of findings or extent to which the instrument is relevant in measuring what it is supposed to be measured (Amin, 2003). To ensure the content validity of the study instruments used in this study will be discussed with the help supervisor for scrutiny, clarity and removal of ambiguity. After his comments and discussion with me, the tools were adjusted accordingly.

### **3.7.2 Reliability**

Reliability is dependability or trustworthiness and in the context of a measuring instrument, it is the degree to which the instrument consistently measures whatever is measuring (Amin, 2003). For qualitative data, reliability of the instruments was ensured through discussing with authorities, colleagues, and participants about the instruments intended to measure and asking them whether the instruments designed would capture the required data.

### **3.8 Measurement of variables**

The researcher used previous researches for purposes of developing questionnaires which were both open and self-administered where respondents selected a suitable number. The topic was copying strategies of elderly people in urban areas with objectives such as challenges of elderly people, the role of community towards their living conditions and solutions to their problems respondents for the reason some of them have language problems. The questionnaires consisted of both open and close ended questions administered to respondents.

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### **3.9 Data management and Analysis**

The field data was managed, analyzed and presented using both qualitative and quantitative methods.

#### **3.9.1 Quantitative data**

The researcher carried out the analysis using SPSS version 16 computer package for social scientists to present in form of tables, frequencies and percentages as arranged according to questionnaire

#### **3.9.2 Qualitative data**

The researcher used the classifying of categories to analyze the interview guide and presented them in a descriptive form.

### **3.10. Ethical considerations**

The researcher got an introductory letter and a valid identification card from School of Arts and Social Sciences, Uganda Martyrs University Nkozi. This introduced the researcher to the respondents. During data collection, the rights were respected where the researcher was able to first seek for permission of all the respondents for their response.

The researcher ensured confidentiality of the information to protect and enable respondents trust him with the information from sensitive questions. Sensitive information or issues were not to be explored unless, the researcher requests the respondents to provide the information and used exclusively for achieving a Degree

All the necessary protocols were observed and all the respondents were thanked for their participation in the study.

### **3.11 Limitations of the study**

The researcher was faced with time constraint to carry adequate research within required time. Since the research required a lot of collecting of data from the field, analyzing and processing of data was involved and this was difficult to compile. The researcher overcame this limitation of shortage of time by maximally employing mixed research methods that is both qualitative and quantitative techniques.

The researcher had a small sample for the study which provided some biased information: some errors presented and were also not representative of the entire population. But aware of the limitation of small sample size which had high level of error in the study this was minimized by using a multi-method of collecting data to reduce error such as questionnaire, interviewing guides to avoid biased information.

## **CHAPTER FOUR**

### **PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS**

#### **4.0 Introduction**

This chapter presents study findings and analyses are presented in this study. The purpose of the study was to find out coping strategies of the elderly people living in Uganda, with in Mutundwe Parish in Mutundwe village. The analysis is based on the data collected using questionnaires which were answered by the elderly people and it comprised background information of the respondents, frequencies and percentages of objectives; the challenges faced by the elderly people, the role of the community towards the living conditions of the elderly people and the solutions to the problems of the elderly people. The presentation of findings is arranged in accordance with the questionnaire questions.

#### **4.1 Response rate**

52 questionnaires were designed for the study which was responded to by the elder people in Mutundwe staff. This meant that all the questionnaires were responded to duly during the study giving a response rate of 100%.

#### **4.2 Background information of the respondents**

In this section, the researcher aimed at establishing the personal characteristics of the respondents to the study. This information included; Gender, education level, occupation, marital status, religious affiliation and staying of the respondents. The following were the findings;

##### **4.2.1 Gender characteristics of respondents**

Frequency tabulation was used by the researcher to present the gender distribution of the respondents. This is as shown in the table 4.1 below:

**Table 1: Gender characteristics of respondents**

Gender	Frequency	Percent
Male	18	34.6
Female	34	65.4
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

The findings in table 4.1 above reveal that there were more females than males who participated in the study. Females constituted (34)65.4% of the respondents while males made up (18)34.6% of the total respondents. This implies that women are stronger than men hence living longer given the highest number of females in the findings.

#### **4.2.2 Education level**

In order to be sure of the quality of the information given, the respondents were requested to give their level of education and the response is portrayed below

Table 2: Frequency tabulation of the education level of respondents

Education level	Frequency	Percent
Primary level	12	23.1
Secondary level	21	40.4
tertiary level	13	25.0
Others	6	11.5

**Source:** primary data (2016)

From table 4.2 above, it is noted that the qualification of respondents include; primary level, secondary level, tertiary level and others included those that never attended school.

The findings show that secondary level holders formed a majority of the study respondents with (21)40.4%, tertiary level holders constituted (13)25%, primary level holder constituted (12)23.1% and others had the least percentage of (6)11.5% of the total respondents.

The others include school drop outs and adults that never went to school and probably how they are coping with old age regarding the level of education each respondent has.

#### 4.2.3 Occupation of the respondents

The study also captured data on the occupation of the respondents and it is as in the table below:

Table 3: frequency tabulation of occupation of the respondents

<b>Occupation status</b>	<b>Frequency</b>	<b>Percent</b>
Retired	15	28.8
Employed	22	42.3
Not employed	9	17.3
Others	6	11.5
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

From table 4.3, above, Findings from the study revealed that majority of the respondents were the employed with (22)42.3%, followed by (15)28.8% of the respondents were retired, (9)17.3% of the respondents were not employed and others were the least with (6)11.5%. The employed respondents were major self employed and were majorly engaging in private businesses which has enabled them earn living where as the un employed depend from their children hence enabling them to cope with their old age.

#### 4.2.4 Marital status of the respondents.

The study also captured data on the marital status of respondents and it is as in the table below:

**Table 4: frequency tabulation of marital status of the respondents**

<b>Marital status</b>	<b>Frequency</b>	<b>Percent</b>
Married	18	34.6
Widowed	23	44.2
Single	3	5.8
Separated	8	15.4
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

From table 4.4 above, it is noted that the marital status of respondents include; married, widowed, single and separated.

The results in table 4.4 revealed that the majority of the respondents were widowed who participated in the study with (23)44.2%, followed by (18)34.6% of the respondents were married, (8)15.4% of the respondents were separated and single were (3)5.8% as the least in the study. The widowed respondents were found to be many and the findings indicated that they faced challenges with single parenthood especially at their old age hence leading to hardships in the process of coping with old age.



#### 4.2.5 Religious affiliations of the respondents

The study captured data on the religious affiliations of respondents and it is as in the table below:

Table 4.5: frequency tabulation of religious affiliations of the respondents

<b>Religious affiliation</b>	<b>Frequency</b>	<b>Percent</b>
Moslem	10	19.2
Catholic	19	36.5
Protestant	13	25.0
Others	10	19.2
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

The findings from the table above show that Catholics formed a majority of the study respondents with (19)36.5%, Protestants constituted (13)25% of the respondents, and Moslems and others (Born again, Seventh Days Adventist) shared with the least percentage each with (10)19.2% of the total respondents. Depending on the region of every respondent the study revealed that those who are Catholics are given some relief through the Kateeyamba which was purposely started to help the needy in the research area and nearby areas.

#### 4.2.6 Staying of the respondents

Frequency tabulation was used by the researcher to present the stay of by respondents in at their home. This is as shown in the table 4.6 below:

**Table 4.6 Frequency Distribution of the stay of respondents**

<b>Stay of respondents</b>	<b>Frequency</b>	<b>Percent</b>
Family members	31	59.6
Alone	5	9.6
Under care of	8	15.4
Others	8	15.4
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

The findings shown in table 4.6 above reveal that a majority of the respondents stay with their family members were (31)59.6% , followed by both those under care of and others with each having 15.4% and the least was those staying alone with percentage was (5)9.6% of the total population in the study. According to the findings, many respondents stay with their family members meaning they are being taken care of whereas the rest are either under care centers like the Missionaries of the poor in Mutundwe and the kateeyamba in Nalukolongo hence being helped to cope with their old age.

### **4.3 The study objectives**

Respondents were asked to respond to a number of questions regarding challenges to elderly people, the role of the community towards the living of the elderly people, and solutions to the problems. The following were the results;

#### 4.4 Challenges to the elderly people

**Table 7: The health problems as a result of age**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	30	57.7
No	22	42.3
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether they have health problems as a result of age. The findings as presented in table above; show that majority of respondents said yes (agreement) with (30)57.7% while (22)42.3% of the respondents said no.

According to most respondents often experience health-related problems such as hypertension, Cancer, backache, visual and hearing impairment sight problems and other old-age ailments. This has made it hard for those who have health problems at retirement age and little attention is given to them by the Government. ~

**Table 8: There is someone I can turn to for advice about handling problems with my family**

<b>Extent</b>	<b>Frequency</b>	<b>Percent</b>
Definitely false	17	32.7
Probably false	1	1.9
probably true	11	21.2
Definitely true	23	44.2
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate the extent to which they can turn to someone for advice about handling problems with family. The findings as presented in table 8; show that majority of respondents said definitely true with (23)44.2%, followed by (17)32.7% of respondents probably false, (11)21.2% of the respondents said probably true and (1)1.9% of the respondent said probably false. Given the highest percentage of the respondents having where to go in case of any problems, it means the majority are depending on their parents and other social welfare institutions hence making it able for them to cope with old age.

**Table 10: Do you receive any social support from children when in need.**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	46	88.5
No	6	11.5
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether they are provided social support to them when in need. The findings as presented in table above; show that majority of respondents said yes with (46)88.5% while (6)11.5% of the respondents said no. The findings therefore indicate that the majority of respondents agreed that there are provided with social support to them when in need. This finding seems to agree with the study done by Chronic Poverty Report (2005) who pointed out that all elderly persons in rural or urban areas, women or men are dependent on support from their children which can be in form of cash or kind.

And most of them agreed that they receive upkeep from their children and provide basic need like food, clothes and health services, social advice from them as well, among others.

Majority of the respondents said that they receive what they can afford in case of sickness provide us upkeep for contingency for emergencies, and provide food for them at home.

**Table 11: Do you have productive assets like land, houses etc**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	33	63.5
No	19	36.5
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Findings above show that (33)63.5% of the respondents said yes while (19)36.5% of the respondents disagreed. The findings therefore indicate that the majority of respondents said yes that they have productive assets like land, houses etc.

This response seems to be in disagreement with the study conducted by CPRC (2006) who pointed out that majority of elderly people don't possess productive assets like land, capital, knowledge and skills. Since they have reduced physical strength to accumulate and even earlier assets meet expenses related to medical care.

**Table 12: Do you take part in any economic activity in your area**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	32	61.5
No	20	38.5
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether they take part in any economic activity in their area.

The findings as presented in table above; show that majority of respondents said yes with (32)61.5% while (20)38.5% of the respondents said no. The findings therefore indicate that the majority of respondents said yes that they take part in any economic activity in their area.

This agreement is further supported by a study from CPRC (2006) which stated that older people in urban areas are engaged in petty trading and low agricultural productivity to enable them survive which would otherwise guarantee regular source of income.

**Table 13: Do you have grandchildren at your home**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	38	73.1
No	14	26.9
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether they have grandchildren at their homes. The findings as presented in table above; show that majority of respondents said yes with (38)73.1% while the rest of the respondents (14)26.9% of the respondents said no.

Most of the respondents have grandchildren at their homes with most of them orphaned as their parents died of AIDS and other complications. They do pay for their fees, food, shelter and care for them from meager resources. This puts it clear that most old people in Uganda have continued to live with HIV orphans and it is even hard for them to take good care hence giving them a lot of challenge during their old age.

**Table 14: Do you anticipate help from your children**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	40	76.9
No	12	23.1
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to show whether they anticipate help from their children. The findings above show that majority of respondents agreed with (40)76.9% while the rest of the respondents disagreed with (12)23.1% of the total population in the study.

Elderly people have always anticipated support from their children in old age. This has sometimes helped them get assistance for the children they are looking after in their homes.

**Table 15: Are you faced with domestic violence in your area**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Yes	30	57.7	57.7	57.7
No	22	42.3	42.3	100.0
<b>Total</b>	<b>52</b>	<b>100.0</b>	<b>100.0</b>	

**Source:** primary data (2016)

Respondents were asked to show whether they faced any domestic violence in their area. The findings as presented in table 15; show that majority of respondents said yes with (30)57.7% while (22)42.3% of the respondents said no.

The respondents' agreement seem to be of the same mind with Amnesty International report (2010) who pointed out that older women are also vulnerable to domestic violence when their partners take younger women, if they seek to negotiate safe sex, or when their children seek to take their property. They may also provide support to their married daughters who have been forced out of their marital homes due to domestic violence and return to the home of their older parents with no income and often with young children who need care whilst they look for new livelihoods.

#### **4.5 The role of Community towards the living conditions of the elderly people**

**Table 16: Do you have health centers in the community to help the elderly when sick**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	43	82.7
No	9	17.3
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether they have health centers in the community to help the elderly when sick. The findings above show that majority of respondents agreed with (43)82.7% while the rest of the respondents said no with (9)17.3% of the total population.

Most of them agreed that they received medication from health centers for example Kitebi Health centre as nearest health centre which provides counseling and treatment of the sick. When the illness worsens they go to either Rubaga or Mengo hospitals for better treatment. This gives a chance to those with health problems as a result of old age .

**Table 17;do you have educational services for your children to study from**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	43	82.7
No	9	17.3
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:**Primary data (2016)

Respondents were asked to indicate whether they have education services around your area for you grandchildren to study in. The findings as presented in table above; show that majority of respondents said yes with (43)82.7% while (9)17.3% of the respondents said no.

Majority of the respondents said they have education services ranging from nursery to secondary school for their children however they complained of high school fees fares charged by the urban schools that it is not easy for them since they have retired from work and they have to take care of their grand children.



**Table 18: Are judicial systems accessible in your area**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	35	67.3
No	17	32.7
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to show whether they have judicial systems accessible in their area. The findings as presented in table above; show that majority of respondents said yes with (35)67.3% while (17)32.7% of the respondents said no.

acknowledged They are expensive for elderly people and accessible for the community. The elderly further that they would rather go to primary courts (local) at LC level because they are cheap and these courts help to inform the whole community of older people 's rights and how to protect them.

**Table 19: Does the community take care of you while in old age**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	9	17.3
No	43	82.7
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to show whether their community takes care of them old age. The findings in table above show that majority of respondents said no with (43)82.7% while the rest of the population said yes with (9)17.3%. This implies that in most urban areas the elderly people are given less attention by the community members as far as their living conditions and coping strategies are concerned

**Table 20: Do you have are institutions that look after physically ill people in your area**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	24	46.2
No	28	53.8
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to show whether they have institutions that look after physically ill people in their area. The findings show that majority of respondents said no with (28)53.8% while (24)46.2% of the respondents said no.

According to some respondents they said there is a care institution like Missionaries of the Poor which takes care of old physically ill community members in Mutundwe and surrounding areas and also mentioned Mapeera Bakatemyemba in Nalukolongo which also takes in old people and give them food, shelter, clothes and counseling services as well as medication.

**Table 21: Have your family members attempted to take you to care institutions**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
-----------------	------------------	----------------

Yes	15	28.8
No	37	71.2
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether they have family members attempted to take them to care institutions. The findings as presented in table above; show that majority of respondents said no with (37)71.2% while (15)28.8% of the respondents said yes.

The respondents said their children never trusted the security of the areas where they were residing and so wanted to take them to institutions that would them counseling, medication, food and clothes and the case in point was Missionaries of the Poor in Mutundwe, where they would visit them occasionally.

**Table 22: Do you have religious institutions that take care of elderly people in your area**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	34	65.4
No	18	34.6
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether they have religious institutions that take care of elderly people in their area. The findings as presented in table above; show that majority of respondents agreed with (34)65.4% while (18)34.6% of the respondents disagreed.

There are church programs in this area whereby Christians visit fellow members of the community. During such visits, people with needs are identified and their needs looked at and solutions provided. For instance, those without food are provided with food. When the groups come across elderly persons, they identify their needs and purchase food for them and the children, among other thing.

**Table 23: Do you have charitable institutions that exist within your communities**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	38	73.1
No	14	26.9
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to show whether they have charitable institutions that exist within their communities. The findings as presented in table above; show that majority of respondents said yes with (38)73.1% while (14)26.9% of the respondents said no.

The respondents mentioned Missionaries of the Poor as charitable institutions under the Catholic Church that provides food, free medication and clothes to the old after they are identified by the community. Other organisations provide wheel chairs to immobile patients. The elderly form a large percentage of the immobile patients. Hence, the majorities benefit from such donations..

#### **4.6 Measures to the problems of the elderly people**

**Table 24: Does government pay attention to your needs**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	13	25.0
No	39	75.0
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether their government pays attention to their needs. The findings as presented in table above; show that majority of respondents said no with (39)75.0% while (13)25% of the respondents said yes.

Majority of the respondents are quick to mention that they don 't though some acknowledged the support from government through their representatives and they are give them something in form of cash though they complain that corruption of the representatives has spoilt their pay hence not receiving it at all.

**Table 25: Do you have social protection schemes in your community**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	17	32.7
No	35	67.3
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether they have social protection schemes in their community. The findings as presented in table above; show that majority of respondents said no with (35)67.3% while (17)32.7% of the respondents said yes. The study found out that the little available social protection schemes are for the former employed elderly people living the rest of them not helped .This implies that the biggest percentage does not benefit from these schemes.

**Table 26: Does your government provide old age pensions for elderly in your community**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	30	57.7
No	22	42.3
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether their government provides them with old pensions for elderly in their community. The findings as presented in table above; show that majority of respondents said yes with (30)57.7% while (22)42.3% of the respondents said no.

The respondents said that they receive the pension from government for people who have retired. But they mention that this pension is unreliable, in the way it comes from government and payment. They can receive this month Uganda Shillings 100,000 and yet the actual amount is supposed to be Uganda Shillings 300,000, so this has been attributed to corruption of the public officials in the ministry which has led many to get their pension pay even when they retired 5 years ago.

**Table 27: Do you have healthcare centers in your area**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	48	92.3
No	4	7.7
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether they have healthcare centers in their area. The findings as presented in table above; show that majority of respondents said yes (agreement) with 48)92.3% while (4)7.7% of the respondents said no.

The response seems to be in agreement with the study of Leive and Xu (2008) who point that healthcare systems will need to be responsive to the needs and demands of an aging population, including the greater access to specialist services and treatments. In particular, governments need to consider introducing access to free and subsidized health services, medication and longer-term healthcare facilities for the elderly.

A homes. Additionally, this health center provides them with medication of Malaria among other diseases on ccording to the respondents said that they have Kitebi Health center IV that is nearby

their subsidized fees, counseling services, and sensitization of masses about how to handle sick people in the communities.

**Table 28: Do you receive help from your community and family**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	21	40.4
No	31	59.6
<b>Total</b>	<b>52</b>	<b>100.0</b>

**Source:** primary data (2016)

Respondents were asked to indicate whether they receive help from their community and family have health problems as a result of age. The findings as presented in table above; show that majority of respondents said disagreed with (31)59.6% while (21)40.4% of the respondents agreed.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter presents the summary, conclusions and recommendations on coping strategies of the elderly people living in Uganda basing on the findings from the study. The findings, conclusions and recommendations were to examine coping strategies of the elderly people living in terms of the challenges faced by the elderly people, the role of the community towards the living conditions of the elderly people, and solutions to the problems of the elderly people.

#### **5.1 Summary of findings**

##### **5.1.1 The challenges faced by the elderly people**

From the findings, the results revealed that most of the respondents have health problems as a result of age, majority of the respondents said that they turn to someone for advice about handling problems with family, have children, they are provided with social support when in need, have productive assets like land, houses etc, further more the research found out that the majority of respondents take part in any economic activity in their area and that majority of respondents agreed that they have grandchildren at their homes, and majority are faced with any domestic violence in their area. This allows them have number of ways they can cope with their old age.



### **5.1.2 The role of the community towards the living conditions of the elderly people**

The results revealed that majority of the respondents have health centers in the community to help the elderly when sick; majority of the respondents said yes that they have education services around your area for you grandchildren to study in, majority of respondents disagreed that they have legal protection rights organizations in their area, majority of the respondents said yes that they have judicial systems accessible in their area, that majority of respondents disagreed that their community takes care of them old age, that majority of the respondents disagreed they have institutions that look after physically ill people in their area, majority of the respondents disagreed that their family members attempted to take them to care institutions, majority of the respondents have agreed that have religious institutions that take care of elderly people in their area, and majority of the respondents agreed that they have charitable institutions that exist within their communities.

### **5.1.3 The measures to the problems of the elderly people**

The results revealed that the respondents that majority of the respondents disagreed that their government pays attention to their needs, that majority of respondents disagreed that they have social protection schemes in your community, majority of the respondents agreed that their government provides them with old pensions for elderly in their community, majority of the respondents agreed that they have healthcare centers in their area, and majority of the respondents disagreed that they receive help from their community and family.

## **5.2 Conclusions**

The study was set to assess the coping strategies of the elderly people living in Mutundwe Parish in Mutundwe village in Uganda.

Following the results of the study presented in the previous chapter, the researcher was able to make conclusions on the coping strategies of elderly people living in urban areas as under;

The challenges of the old people in the study showed that the respondents have health problems as a result of age, though they had someone to whom they would confide their challenges, they had children who helped their parents giving them social support and majority of respondents had productive assets which would help them improve their life and look their grandchildren.

The community has helped the old people in the way that majority of the respondents have health centers that help the elderly when sick, education services are available for their grandchildren to study, absence of protection rights organization in the community, accessibility of judicial systems to solve cases concerning old people and institutions that look after physically ill people in their area.

The solutions to the challenges show how government neglects its old citizenry by giving the little in terms of pension, no social protection schemes to help them put up sustainable projects to support them, and they commend the provision of health center that provides subsidized medical services and sensitization to community on prevention than cure especially for the old people and Neglect form both government and community on protection of the old people in their community.

### **5.3 Recommendations**

Basing on the findings of the study, the researcher found it prudent to make a few recommendations;

Older people should be provided with the necessary support including legal advice, financial support and literacy programs, in obtaining documentation needed to access entitlements for themselves and those in their care.

Older people's rights to food, shelter, land, equal recognition before the law and income should be realized so that they can support themselves and their dependents. Denial of these rights exacerbates psychosocial trauma which negatively affects their own well-being and their ability to care for others.

#### **5.4 Suggested Areas for further research**

This research recommends a similar study to be done but concentrate approaches to fighting poverty among older persons in Uganda.

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## **APPENDIX 1: QUESTIONNAIRE**

I am carrying out a research project to evaluate the find out coping strategies of the elderly people living in Uganda. A case study of Mutundwe.

This is an academic project to be carried out as a requirement for the award of a Bachelor's in Social Development and Counseling. The information received from you will be confidential and for the purpose of this research. Your kindness and participation in this project is highly appreciated and I acknowledge in advance.

### **Section A**

#### **Background information**

##### **Gender of the respondent**

Male  b) Female

##### **Education level of the respondent**

(a) Primary  (b) Secondary  (c) Tertiary  (d) Others

##### **Occupation**

(a) Retired  (b) Employed  (c) Not employed  (d) Others

##### **Marital status**

(a) Married  (b) Widowed  (c) Single  (d) Separated

##### **Religious Affiliation**

(a) Moslem  (b) Catholic  (c) Protestant  (d) Others

##### **With whom are you living now?**

(a) Family Members  (b) Alone  (c) Under care of  (d) Others



**SECTION B**

**Questions of challenges to elderly people**

1 a) Do you have health problems as a result of age

Yes No

b) If yes, what kind of problems do you experience

.....  
.....  
.....

**2. There is someone I can turn to for advice about handling problems with my family.**

1. definitely false 2. probably false 3. probably true 4. definitely true

2(a) DO you have children?

Yes No

b) Do they provide social support to you when in need?

Yes No

c) If yes, how much social support do they provide you?

.....  
.....

3 (a) Do you have productive assets like land. houses, etc?

Yes No

b) If yes, in what ways have these assets been of use to you?

.....  
.....

4 a) Do you take part in any economic activity in your area?

Yes No

b) Explain the economic activities you are involved in (a) above

.....

.....  
5a) Do you have grandchildren at your home?

Yes No

b) If yes, how do you take care of them in your home?  
.....  
.....

6a) Do you anticipate help form your children?

Yes No

b) How do you survive if no without any help?  
.....  
.....

7a) Are you faced with domestic violence in your area?

Yes No

b) In what ways has domestic violence affected you and people you stay with?  
.....  
.....

### **SECTION C**

#### **The role of the community towards the living conditions of the elderly people**

8a) Do you have health centres in the community to help the elderly when sick?

Yes No

b) In what ways are the elderly and their grandchildren helped when in health centre?  
.....  
.....  
.....

9) Do you have education services around your area for your grandchildren to study in?

Yes No

10a) Do you have legal protection rights organizations in your area?

Yes No

b) In what ways have these organizations helped to protect your rights during inheritance and marriage in case of women?  
.....

.....  
11a) Are judicial systems accessible in your area?

Yes

No

b) If yes, how do access them in terms of cost and distance?  
.....  
.....  
.....

12a) Does the community take care of you while in old age?

Yes

No

b) If yes, how do they do it in your area?  
.....  
.....  
.....

13a) Do you have care institutions that look after physically ill people in your area?

Yes

No

b) If any, give the names and what kind of care do they provide to the elderly in the area?  
.....  
.....

c) Have your family members attempted to take you to care institution?

Yes

No

d) If yes, what reasons were they giving for taking your in that institution?  
.....  
.....

14 a) Do you have any religious institutions that take care of elderly people in your community?

Yes

No

b) If yes, in what ways does this institution provide for the elderly people in your area?  
.....  
.....

15 a) Do you have charitable institutions that exist within your communities?

Yes

No

b) If yes, what kind of support do they provide to the elderly in your community?

.....  
.....  
.....

**SECTION D**

**Solutions to the problems of the elderly people**

16 a) Does government pay attention to your needs?

Yes

No

b) If yes, in what ways does it pay attention to your needs?

.....  
.....  
.....

17 a) Do you have social protection schemes in your community?

Yes

No

b) If yes, describe how it works for the elderly in your area?

.....  
.....  
.....

18 a) Does your government provide old age pensions for elderly in the community?

Yes

No

b) If yes, how much do you receive every month?

.....  
.....  
.....

18 a) How much has it been of help to you in providing basic needs in your area?

.....  
.....

.....  
19 a) Do you have healthcare centres in your area?

Yes

No

b) If yes, which kind of services does government provide at the healthcare?

.....  
.....

20 a) Do you receive help from community and family?

Yes

No

b) If yes, which kind of help is provided to you when in need?

.....  
.....  
.....

## APPENDIX II: KREJCIE AND MORGAN TABLE

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	J	338
								2800	
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384