



ENHANCING CAPABILITIES IN THE ELDERLY: A CASE STUDY OF GOGO GRANDPARENTS SUPPORT PROGRAM IN MALAWI

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ABSTRACT

Care and support for the elderly is still a crucial area in most developing countries including Malawi. Even though it is widely known and accepted that the elderly people possess the deep wisdom of life and policies being enacted to protect and empower them, the issue hasn't been given pertinent attention in most developing countries and Malawi inclusive. As such, the elderly people have continued to be recognized as a vulnerable group that occupies an insignificant place in the country.

Non Governmental Organizations in developing countries are one recognized body which has been influential in relieving the elderly from poverty in many rural communities and towns in various ways. One such organization in Malawi is a Faith-Based Organization called Sub Saharan Africa Family Enrichment (SAFE) which for many years has run a program called Gogo Grandparents Support Program.

This study explored the lived experiences of the elderly people in Malawi who are beneficiaries of the Gogo Grandparents Support Program. It sought to understand their views on being old in a society where there is insufficient social security coverage and at the same time being guardians to their children and grandchildren. This study examined elder people's ways of life on a daily basis and the levels of independence and abilities that are enhanced in them through the Gogo Grandparents Support Program.

A qualitative research methodology was engaged with the aim to gain rich and detailed account of the experiences of the beneficiaries of the program. Purposive sampling was used to select participants who are beneficiaries of the Gogo Grandparents Support Program in SAFE Communities. The qualitative methods used included in-depth interviews and Focus Group Discussions.

Based on the data collected through primary sources from 110 beneficiaries of the Gogo Grandparents Support Program, this study found that, majority of the elderly people in SAFE Communities are satisfied with the quality of services provided by the Gogo Grandparents Support Program.

This study has at the end suggested that NGOs should be encouraged to invest more in enhancing capabilities in the elderly. These NGOs should as well be identifying the areas where the problems affecting the elderly people originate and not to behave as if they already know what the old people want and need.

As it is in Malawi, older persons have the right to work and participate in any development of their communities. They have a right to equal protection before the law etc. Some NGOs are proactive fighting for the elderly people's rights but they have not used the older people themselves to speak on the issues affecting them.

PURPOSE OF THE STUDY

The majority of the elderly people in Malawi are impoverished and abandoned and the care and support of these people calls for civil society interventions. A number of organizations have come with different interventions trying to make sure that the implications of ageing issues are understood. Sub-Saharan Africa Family Enrichment (SAFE) is one of the Faith-Based non-governmental organizations (NGOs) that are making a difference especially in the challenges grandparents face and to respond to the challenges and opportunities of ageing through its *Gogo Grandparents Support Programme*.

The purpose of this study is to explore and analyze the effectiveness of the programme in providing social and economic security to Malawian grandparents.

METHODS

The purpose of this study and the research questions aligned well to case study methodology. The study is interested in aspirations, feelings, interpretations, expressions and judgments of the Gogo Grandparents Support Program's beneficiaries and does not intend to quantify. This interest necessitates the use of qualitative methodology, which often is directly concerned with experience as it is lived, felt or it is undergone. Therefore this study engaged an in-person, open-ended interview.

The study comprised of both male and female people of 60 years and over who are the beneficiaries of the gogo grandparents support program in Malawi. These are the elderly people who enjoy getting together monthly in their groups.

The format of the monthly meetings is to read the bible, someone teaching on it, praying, singing praise and traditional songs and dancing. There are discussions on nutrition, HIV/AIDS, hygiene, grieving children, childcare etc. some of the groups put together drama and special entertainment. Sometimes, food parcels are shared. In addition, these gogos take turns to help in the community based childcare centres with storytelling. Furthermore, these elderly people are able to make some little contributions for their groups' activities like condolences, visiting each other when sick, eating together etc. these groups are called *gogo groups*.

This being a qualitative research and the aim not being to test a hypothesis but rather to develop a deeper understanding of the social construction of aging and care and discover the care experiences both individually and contextually, non-probability strategy was used with the purposive or judgement sampling technique. In purposive sampling, researchers handpick the cases to be included in the sample on the basis of their judgment

and their typicality. In this way, they build up a sample that is satisfactory to their specific needs (Cohen, Manion, and Morrison 2000).

1.0 INTRODUCTION

Older persons are important and have a contribution to make in socioeconomic development. In the Malawian Society, old age has always been considered as wisdom. Due to this wisdom the elderly have always been asked for advice so as to help to solve problems but as it stands now, things have changed. The Malawian society has lost the respect for the aged.

Abraham Maslow created the theory of hierarchy of basic human needs which acknowledges that five categories of human needs dictate an individual's behaviour. It begins with getting our most basic physiological needs met, such as thirst, hunger, and shelter. After, there comes the need of safety and security. Following that, is the need to feel belonging and loved, to be affiliated with others and to be accepted (Elkin 2007).

The same goes with the elderly people, they need to feel safe, remain close to other people and believe that their life continues to be meaningful. Emotional care for an elderly should include steps designed to deal with vulnerability, loneliness, boredom and isolation and meeting old people's emotion needs can help them avoid depression.

Safety is one emotion we might feel without consciously knowing it. To be safe means being free from harm or hurt. So, the understanding of feeling safe is that you do not anticipate either harm or hurt, emotionally or physically (Preisler 2013). Therefore, as one is ageing, we tend to find that safety feeling in their everyday lives such as the friendly conversations, special meals, friends, clubs, a special location, spiritual beliefs, or books becomes a matter of necessity.

In Malawi, a Faith – Based Non-Governmental Organization called Sub Saharan Africa Family Enrichment (SAFE) has become more preoccupied with addressing the needs of vulnerable Malawian Grandparents in five districts of the country.

Grandparents (Gogos) in the villages of Malawi and other African countries are the poorest of the poor. They have lost their adult children who were to be their social security, providing for them in their old age. Now, they have their orphaned grandchildren to raise, feed, educate and love. The grandparents in SAFE Communities enjoy getting together in their groups. The format of the meetings is to read the Bible, someone teaching on it, praying, singing praise and traditional songs and dancing. There are discussions on nutrition, HIV/AIDS, hygiene, grieving children, childcare etc. Some of the groups put together drama and special entertainment. Sometimes, food parcels are shared. In addition, these grandparents take turns to help children in the Community Based Childcare Centres (also run by SAFE) with storytelling. Furthermore, the grandparents are able to make some little contributions for their groups' activities like condolences, visiting each other when sick, eating together etc.

SAFE provides money to the grandparents for buying the subsidized farm inputs for their farms. The seeds and fertilizer assistance is provided to the gogos yearly for them to grow maize and improve their food security. The

gogos give back a portion of their harvest to the Community Based Childcare Centres of their communities every year for the feeding programme.

Full housing units have been constructed for homeless grandparents and in times of need they are provided with blankets, mosquito nets, soap etc. A synthesis of study results finds that this program has demonstrated success in achieving mindset change of Gogos toward carrying their unexpected and untimely burden effectively, and leaving a legacy of hope for the next generation (SAFE Annual report,2019).

1.1 BACKGROUND OF THE STUDY

The United Nations defines an older person as individuals aged 60 years and above. While the definition of an older person may have different meanings in different societies, in Malawi, an older person is an individual aged 60 years and over regardless of his or her status

(Malawi National Policy for Older Persons, 2016). Malawi is ranked one of the poorest countries in the world with a national poverty rate over 51% (World Bank, 2021).

Like any other country in Sub-Saharan Africa, Malawi's elderly population too is increasing rapidly. The Malawi National Statistical Offices' Housing and Population Census of 2018 puts the population of the elderly at five percent of the entire population (NSO 2018). To others the percentage may look small but it is approximately 878, 187 people of the 17, 563, 749 entire population at the time. Furthermore, the population of Malawi is predominantly rural based and youthful. More than 84 percent of the population live in rural areas and 51 percent of the people are below the age of 18 (NSO, 2018). Life expectancy is estimated at 65.6 years for both sexes (WHO, 2020). Further, about 91 percent of elderly people live in rural communities (NSO, 2018). Ranked among the world's least developed countries and predominantly agriculture-based economy, life is generally hard for an average person. This is even worse among those who are unfavourably positioned in the society, either due to age, disability or other social inequalities.

In Malawi the majority of rural population has no form of social protection (Kazeze, 2008). As such, older people in the country are increasingly recognized as a group particularly vulnerable to poverty, food insecurity, social exclusion and generally poor living conditions

Ageing is a biological phenomenon but in a country like Malawi where cosmological importance is attached to several social facts, it is both a biological and social phenomenon.

The findings of the 2018 PHC underscore the disadvantaged status of older persons in Malawi. It further highlighted the gender disparity existing between older men and women in all social and economic aspects with older women being more disadvantaged than men. Older women for instance, are seven times more likely to be widowed than men and illiteracy levels are high among older women as compared to men. It has also been noted that as women grow older they are more likely to be heads of households. The disability prevalence rate is also higher among older women as compared to older men.

However, a 2018 Help Age International (a global network of NGOs working to promote the rights of the older people) and MANEPO's (Malawi Network for Older Persons Organizations) study titled "Impacts of Malawi's Social Cash Transfer on Older People and their Households" indicates that despite working all their lives and often performing important roles in society, older Malawians live in chronic and deep poverty, with few savings and very limited access to pensions. As a result, Malawi's older people mainly rely on family-support, hand-outs, and subsistence livelihoods for survival. This lack of reliable income and social protection is especially concerning as ageing often comes with declining capacities to sustain productive livelihoods at a time when expenditures rise.

Another study conducted by Aged Support Society of Malawi in collaboration with the Ministry of Economic Planning and University of Malawi on *The Aged Persons in Malawi: Towards Understanding Their Situation and Challenges* (2005) revealed that poverty and lack of income were serious problems affecting the well-being and livelihoods of older persons. This is due to the fact that the majority of older persons never worked in the formal sector and hence they have no pension to help them in old age. In addition to this they are unable to generate their own income as their bodies become frail due to old age and ailments resulting in deterioration in their productivity levels. This makes them dependent for their survival and well-being.

1.2 STATEMENT OF THE PROBLEM

The family has been very important and instrumental in the care for the elderly in Malawi since time immemorial. The elderly are noted for their much wisdom in decision making and problem solving in the Malawian setting. However, the Malawian culture has gone through some transformations due some factors and this has brought a change in attitudes towards the elderly. This has made this subject an interest of study.

In his intergenerational wealth flow theory, John Caldwell (1976) linked family structure and wealth flow and established the perceived benefits of high fertility in the traditional society. According to him, in traditional society, there was an upward flow of wealth, that is, wealth flowed from children to parents. Based on this, a large household was maintained such that the status of the head of the household depended on the number of children.

Another micro-economic theory of fertility also stresses that in traditional African society children were seen as an economic investment for parents in old age (Wahab and Isiugo- Abanihe, 2008; 2010). This was partly responsible for having a large number of children on whom to depend on for sustenance in old age. Parents gained different advantages from children ranging from:

- Parents controlling and having access to more services if the number of children and grand-children were large.
- Children working and doing different household chores and even tending the family animals.
- Adult children working in the farms for their parents and were also helpful during different ceremonies like marriages, festivals and funerals.

Most of these issues have undergone changes in present-day Malawi, especially in the context of poverty and other consequences of poverty.

The plight of the elderly in Malawi is also made worse with the direct and indirect effects of HIV and AIDS. The impact of HIV/AIDS took its toll mainly among adults of working age, leaving a large number of orphans to the care of their grandparents who are not able to provide economically for their charges while also taking care of their own needs (National AIDS Commission 2015; Angeles et al. 2016; National Statistical Office 2016). According to Malawi's Ministry of Gender, Children, Disability and Social Welfare, 62 percent of double orphans left behind by the HIV/AIDS pandemic are cared for by their grandparents (MoGCDSW 2016).

Many of these grandparents live in rural areas and are expected to be cared for by their now dead children. Instead, they have often more orphaned children to feed, clothe, educate and love. They are the silent majority nurturing young lives robbed of warm motherly love at a tender age.

However, this noble work of old people in most Malawian communities raising the next generation is often unnoticed. To make matters worse, in many communities of Malawi the rights of older persons are often violated because they are accused of being responsible for almost every misfortune that occurs. These include deaths and droughts and sometimes even floods. This mostly results to their property being destroyed and they are banished from communities and some even killed.

For example, there was a chilling case on January 25, 2016 when four elderly people from Chimbalanga Village in Neno District were killed because they were accused of killing a 17 year old girl with lightning through magic (MBC Online, 26 January, 2016). On January 9, 2018 a 34 year old second hand clothes vendor hacked to death two grandparents aged 96 and 86 over witchcraft accusations at Namkumba Village in the area of Sub T/A Masache in Chikwawa District (The maravi post 11 January, 2018).

According to Malawi Network for Older Persons (Manepo) Organization statistics, over 15 elderly men and women were killed in the year 2020 on witchcraft related accusations in the country. The following year (2021), 21 elderly people were killed on the same accusations. By June 2022, when the year was just roughly six months old, eight elderly people had already been killed, with stakeholders registering 23 cases of victimization (The Daily Times, June 16, 2022). This speaks volumes as to the stigma and discrimination older persons are subjected to in Malawi. One rarely hears of a case of a young person being killed due to witchcraft accusations.

Whilst it is pleasing to note that Malawi has a number of social protection programmes targeting poor and vulnerable households, development of specific programmes that exclusively target older persons remains an option that needs to be considered. This cannot be a government role only but calls for civil society interventions as NGO's work directly with people in their communities. If some NGOs are partnering with the communities to support and empower the elderly who are mostly a marginalised group then it is time their activities are assessed so that it is understood if their interventions are effective or not.

The knowledge obtained from the study Sub-Saharan Africa Family Enrichment (SAFE) is doing to empower the elderly people through the *Gogo Grandparents Support Programme* would call for more stakeholders to support the work. This way, the scope of social work intervention in the terms of emotional, counselling, health care and economic support may easily be implemented so that the old aged people in Malawi can live a dignified and quality of life.

From caring for the grandchildren or the orphaned grandchildren to providing much needed household income and advice; many families in Malawi wouldn't have survived without the contribution of the elderly. Yet older people are often excluded from development programmes and discriminated against services such as healthcare, nutrition assistance and so on.

1.3 OBJECTIVES OF THE STUDY

To investigate the problems and challenges the elderly people are facing in Malawi.

1.3.1 MAIN OBJECTIVE

To critically assess the role Gogo Grandparents Program is playing to support and empower the elderly people in Malawi.

1.4 SIGNIFICANCE OF THE STUDY

Challenges facing the elderly people are in the spotlight nowadays when there are rapid social and economic changes in Malawi, and the world facing financial hardships. Therefore, it is important to focus on the various major social and economic problems faced by old aged people. It is significant also to know and understand the perceptions of the old people themselves about the major causes of problems they face and their negative attitudes towards life. The findings of this research could have a significant impact on the current and future elderly people's lives since ageing is not a disease that one can try to avoid but rather a normal and natural process. The major challenge, this research seek to address is how to respond and meet the needs and problems of the growing number of older persons to ensure their safety, security, dignity and better living.



CHAPTER TWO: REVIEW OF THE LITERATURE

2.0 INTRODUCTION

This section reviews what other literature says on the role government and other stakeholders have played to empower and care for the elderly people elsewhere. Further, it will discuss how they are informing the topic under study as well as contextualizing it to Malawi. It also discusses the conceptual and theoretical framework theories which are in relation to the topic under study.

2.1 GLOBAL PERSPECTIVE OF ELDERLY CARE AND EMPOWERMENT

Wherever in the world, every individual has a right to age with security and dignity and to continue to participate in society as a full citizen (Kalirani, 2016). At international level, older people are currently at the centre of a new action plan on ageing and health called the United Nations (UN) Decade of Healthy Ageing (2021–2030). This was endorsed by World Health Organization's (WHO) 194 Member States on 3 August 2020 and by the UN General Assembly on 14 December the same year.

The decade of Healthy Ageing is a global collaboration aligned with the last ten years of the Sustainable Development Goals bringing together governments, civil society, international agencies, professionals, academia, the media and the private sector for 10 years of concerted, catalytic and collaborative action to foster an improvement in the lives of older people, their families and the communities in which they live (WHO 2020).

The decade builds on the WHO Global Strategy and Action Plan and the United Nations Madrid International Plan of Action on Ageing and supports the realization of the United Nations Agenda 2030 on Sustainable Development and the Sustainable Development Goals.

The Decade of Healthy Ageing (2021-2030) seeks to reduce health inequities and improve the lives of older people, their families and communities through collective action in four areas: changing how we think, feel and act towards age and ageism; developing communities in ways that foster the abilities of older people; delivering person-centred integrated care and primary health services responsive to older people; and providing older people who need it with access to quality long-term care (Keating 2022). Optimizing older people's functional ability is the global goal of the Decade and it addresses five interrelated abilities that all older people should enjoy. This starts from the ability to meet basic needs, the ability to continue to learn and make decisions, the ability to be mobile, to build and maintain relationships and to contribute to society (WHO 2022). This means the decade will build connections and collaborations among governments, civil society, professionals, media, academia, private sector and international agencies to empower the elderly people in the world and central to every step is supposed to be close engagement with the older people themselves. This way, a real difference in the lives of older people, their families and communities would easily be made.

In America, the Pan American Health Organization (PAHO) is leading the concerted agenda of the Decade of Healthy Aging 2021-2030. PAHO has adapted the Universal Decade of Healthy Ageing brand for its regional implementation. However, there is little evidence on the application of the active ageing frameworks in Malawi and other developing countries.

2.1.1 ELDERLY CARE AND SUPPORT SYSTEMS IN THE SUB-SAHARAN AFRICA REGION

Ageing seems to be a great development challenge in most African countries and many have incorporated ageing in their national social development policies. Thus the platform for taking action on issues to do with ageing is laid but progress hasn't been consistent.

By the year 2017, 46 million older people lived in the Sub Saharan Africa Region where Malawi belongs; and this number is expected to more than triple (to 165 million) by 2050 (WHO, 2017). Already, large numbers of older people in the region are unable to perform essential tasks of daily life without the assistance of others. This calls for governments to have an essential coordination role to play in building and implementing systems of long-term care. This does not mean that the governments must fund or provide all services. Combinations of activities will vary across countries (Ibid.). In all cases, however, effective and integrated partnerships between governments, families, volunteers, non-governmental organizations, professionals and the private sector are essential. National authorities should take overall responsibility for ensuring that the system functions well. However, according to a WHO report (2017) within Sub-Saharan Africa, national efforts to develop long-term care systems exist only in Mauritius, Seychelles and South Africa.

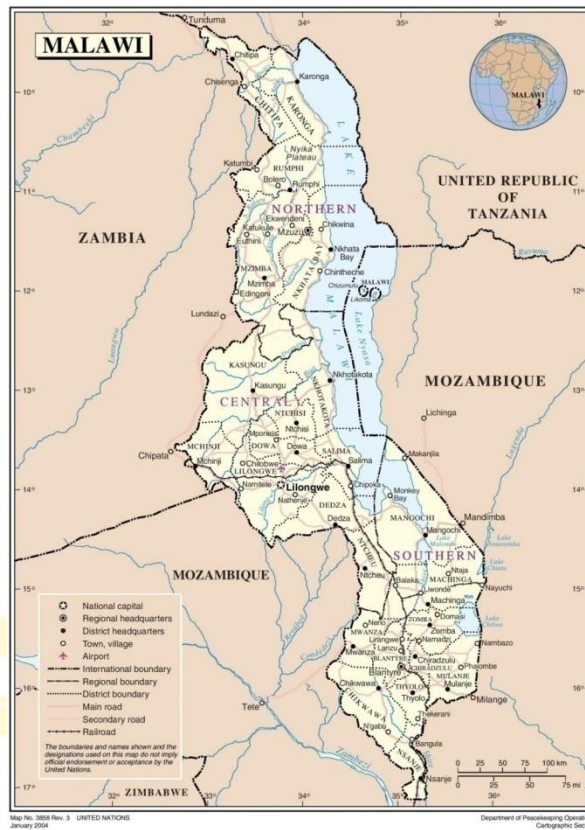
Audain et al (2017) pointed out that the Sub-Saharan Africa (SSA) Region has traditionally had a low life expectancy due to the onslaught of the HIV epidemic, high levels of chronic diseases, conflict, injuries and under nutrition. This is said to have resulted into different research areas concerning older persons being largely overlooked. However, things now have changed with a growing population, the roll-out of antiretroviral treatment, and the effects of globalisation, the region is experiencing an increase in the number of the elderly people. This calls for governments and other partners to work together in the area of research of the welfare of the elderly people and their care and empowerment support.

2.1.2 FOCUSED ELDERLY CARE AND EMPOWERMENT IN MALAWI

2.1.3 The Country of Malawi's Profile

Malawi is a land locked country in the south of the equator in Sub Saharan Africa Region. It is bordered by the Republic of Zambia to the west and northwest, the Republic of Mozambique to the east, south and southwest and the Republic of Tanzania to the north and Northeast. The country has a total area of 118, 484 square kilometres of which 94, 276 square kilometres is land. The remaining area is mostly composed of Lake Malawi which is about 475 Kilometres long and runs down Malawi's eastern boundary with Mozambique.

Administratively, the country is divided into three regions: the Northern, Central and Southern Regions. Each region consists of districts and in total there are 28 districts, of which six are in the Northern Region, nine in the Central Region and 13 districts are in the Southern Region. The districts are sub-divided into Traditional Authorities (T/As), presided over by chiefs. Each T/A is composed of villages which are the smallest administrative units and are presided over by village headmen.

Figure 1: Map of Malawi.

2.1.4 The Constitution of the Republic of Malawi and the Rights of the Elderly

In 1994 Malawi adopted a multiparty system of government from a single party rule. Following this political transition the Republic of Malawi adopted a constitution. Chapter two of this constitution provides for several human rights to the citizenry, including the old. For example, this chapter gives the right to development to every citizen as it states that:

1. *All persons and people have a right to development and therefore to the enjoyment of economic, social, cultural and political development*
2. *The State shall take all the necessary measures for the realization of the right to development. Such measures shall include, amongst other things, equality of opportunity for all in their access to basic resources, health services, food, shelter employment and infrastructure.*
3. *The State shall take measures to introduce reforms aimed at eradicating social injustices and inequalities.*
4. *The State has the responsibility to respect the right to development and justify its policies in accordance with this responsibility.*

Therefore, the Constitution recognizes the right to development of all people including older persons and provides the statutory basis for enactment of laws and policy formulation and program planning that address the concerns of older persons in Malawi (UN, 2016).

2.1.5 POVERTY AND OLD AGE IN MALAWI

The five percent population of older people aged 60 and above in Malawi today has spent their entire lives contributing to the development of the nation. Most continue to be active in their communities and wider society, as breadwinners, caregivers and leaders in community, family and political life. Older people have also provided an invaluable safety net for Malawian society by caring for orphans left behind by the HIV/AIDS pandemic with 62 percent of double orphans cared for by their grandparents (MoGCDSW 2016).

Previously, policy makers as well as development practitioners working in the areas of poverty reduction, social protection, health care and related fields in Malawi, became increasingly sensitive of the need to develop specific welfare interventions to improve the well-being and economic security of the growing numbers of older Malawians (FAO and BSF 2008). As a result, the former president of the country, Dr Bingu wa Mutharika, after recognising the contribution that the elderly population were making socially, economically, politically and culturally devoted himself and established the Ministry of Social Development, Persons with Disabilities and the Elderly to tackle issues affecting the elderly at policy level as well as operationally.

The president went even further to establish the Bingu Silver-grey Foundation for the Elderly (BSF) in 2005 to promote and safeguard the interests and welfare of the elderly people. His mission was to provide a new and unique platform for the elderly to impart their skills and experiences to the younger generations and to ensure that their common interests and welfare are safeguarded (Mkandawire F. 2008). However, after the death of the president in 2012, the operations of the organization did not proceed since it was regarded as a political institution. His successor, Dr Joyce Banda, continued with the Ministry of Disability and Elderly Affairs but after her reign the other presidents to come only made sure that the Ministry of Gender, Children, Disability and Social Welfare (MGCDWS) is given oversight on issues concerning older persons in the country.

In March 2006, the Republic of Zambia hosted a three-day intergovernmental conference on social protection in Livingstone City. At the conference, representatives of thirteen African Governments examined new ways to tackle poverty and promote human rights of the poorest people in Africa. Most discussions were about action in the field of social and economic protection because social protection instruments can address social and economic inequality and contribute to economic growth (Hagen, 2009).

The main focus of the conference was on social protection in general. However, during the discussions social pensions were identified as an effective tool to deliver aid to older people and their families. After the conference, the delegates formulated the 'Livingstone call for action' which calls, among other things, for the development of national social protection frameworks in all the African countries; greater cooperation between African and other countries when it comes to sharing of information on social protection experiences; cash transfer programs for children and older people; and increased investments in the field of social protection (Ibid.). The then president of Malawi, Dr. Bingu Wa Mutharika, seemed determined to improve the livelihoods of older people as only a few months after the Livingstone Conference the Social Protection Steering Committee (SPSC) was established in Malawi.

Following the meeting the SPSC conducted, the government of Malawi introduced the Social Cash Transfer Scheme (locally known as Mtukula Pakhomo) which disburses cash to poor and/or vulnerable households and to a large part, the elderly. The program began as a pilot in Mchinji District (in June the same year) in order to test the methodology of such a scheme. Later, it expanded to reach an additional eight districts (Chitipa, Likoma, Machinga, Mangochi, Phalombe, Salima, Thyolo and Balaka) out of 28 total districts in Malawi. Currently, the Program is implemented in all the 28 districts of Malawi with financial support from the World Bank, European Union, Irish Government, German Government and the Malawi Government. It is administered by the Ministry of Gender, Children and Social Welfare (MoGCSW) with additional policy oversight provided by the Ministry of Economic Planning and Development (MoEPD).

However, this program has also its own challenges in Malawi. The first challenge is that the Government of Malawi displays limited financial ownership of its social policies and programmes. It is the international donors that fund the core of such initiatives. As a result, social protection programmes often end up being funded and implemented by different stakeholders in different districts, therefore duplicating efforts and challenging the harmonisation of the program's operations and tools among different districts (ILO 2016). For example, in Balaka and Ntcheu, the programme is being implemented with funding from the Government of Ireland (Tembo, 2020) while Malawi Government supports only one district. World Bank implements in 11 districts, German Government in 7 districts and European Union in 7 districts as well (Unicef, 2022).

Another challenge the Social Cash Transfer Program has faced in Malawi is that evaluations of the program have found its targeting outcomes to be less than satisfactory (Matita & Chirwa, 2014) and while the joint eligibility criteria are quite unambiguous they are still subject to interpretations, especially as “several proxies of poverty are variedly applied in different contexts at community level” (ibid.)

Other studies at a certain point of running the program found that 24 percent of recipients were not eligible according to the criteria. This indicates a high inclusion error. These high inclusion errors are attributed to the “lack of clarity of the targeting concepts and the use of poor proxies, favouritism and the influence of village level politics” (ibid.). It has been observed that members at the District Councils and extension workers often face pressure to target relatives of local leaders. At community level, dissatisfaction of community members about the Social cash Transfer Program has primarily risen from high exclusion levels (Jimu, 2015).

In 2016, Malawi enacted the National Policy for Older Persons in order to ensure that there is increased understanding and awareness of ageing issues through research, education and training. The policy acknowledges the overall poor quality of life among older people in Malawi and makes commitment to mitigate such, particularly by strengthening social protection programmes, improving access to health care and provision of housing and shelter, among other objectives. (*National Policy for Older Persons* 2016)

There is evidence that older Malawians live in poverty, have poor health and nutritional statuses, have no home or shelter and are often abused. (*National Policy for Older Persons* 2016; Hagen 2009).

In November 2021, the Catholic Bishop of Malawi's Dedza Diocese, Bishop Peter Chifukwa, called upon the members of parliament in the country to debate and enact older persons bill into law in order to protect the rights

of the elderly from violation and abuse (Isenjia, 2021). The Bishop, in his report of November 30, 2021 said that if the bill is enacted into law, it will protect the elderly from Witchcraft-based Violence (WBV) and other attacks targeting older people in the country. He further said that the bill, if enacted, will not only protect the rights of the elderly but also create public demand for fair, equitable finance, distribution of resources and protection (Ibid.).

Mark Katsonga, a lawmaker in the country, provided the assurance that the bill would find its way to the floor of the house where it would be passed. He further observed some weaknesses of the National Policy for Older Persons by saying its lack of adequate awareness, poor coordination; low funding and lack of specific supporting legal frameworks render it useless in safeguarding and protecting the elderly (Ibid.). Katsonga's remarks could be backed by Malawi's Minister for Civic Education and National Unity, Timothy Mtambo who in his August 25, 2021 report said that many elderly persons have lost their lives or have their property destroyed following allegations of witchcraft. Some of the survivors have been rendered homeless in the country (Igwe, 2021). He therefore suggested it is pertinent to embark on civic education and engagement of citizens as Malawi is one of the countries notorious for witchcraft accusations and witch persecution.

Even though a bill that could help to protect the elderly people in Malawi was drafted and lawmakers giving assurances that the bill would be tabled, in August 2022 the Malawi Network for Older Persons Organization (MANEPO) expressed disappointment with government's delay to present the bill to the National Assembly (Pasula 2022). According to Executive Director for MANEPO, Andrew Kavala, government by then had taken special interest in passing other bills into laws but the one concerning the elderly people had taken ages to be considered (Ibid.) This compromises the issue of empowering the elderly people in Malawi because when passed into law, the bill will not only protect the elderly from abuse and violence but will also ensure that they are well taken care of (Ibid.).

2.1.6 ROLES OF NON-GOVERNMENTAL ORGANIZATIONS IN ENABLING ELDERLY SUPPORT AND CARE IN THE COMMUNITY

2.1.7 Non-governmental organizations

The term non-governmental organisations (NGOs) refer to nearly all organisations (except for political parties or private organizations) that are not sponsored by the government. The organisation must be entirely voluntary and must operate within the confines of the laws of the country in which it operates. NGOs are competently run organisations that seek to alleviate human suffering and promote the development of poor countries (Streeten, 1997) through a variety of methods, including funding projects, assisting in the provision of services, and building capacity (Baccaro, 2001). As identified by Stromquist (2002), NGOs perform three primary functions: (i) providing direct services such as the provision of shelter and aid, caring for the unfortunate's welfare; (ii) providing educational services such as initiating educational awareness and encouraging critical analysis on the social environment; (iii) defending public policy such as advocating for corruption prevention or no smoking policy.

2.1.8 NON-GOVERNMENTAL ORGANIZATIONS AND THE ELDERLY SUPPORT

Everyone thinks that they know what old age is like and what older people want and need. But there is only one group of people who really know what matters to them and that is the older people themselves (Help Age International 2000). However, the question to ask is how often do older people get consulted when important decisions are being made? This is even to do with decisions that may deeply affect them.

What usually happen is that politicians, professionals, experts, government officials, the press, health and community workers, and others all think they know about older people, and what to say and do about any situation affecting the old. But, raising awareness of decision makers, donors, the public, older people themselves, and other relevant groups, about how important it is to ask older people will help ensure sustainable impacts of local level work (Ibid.). Furthermore, advocacy with older people may raise consciousness and help to organise older people and local communities. Thus, according to Help Age International Non –Governmental Organizations (NGO's) play an important role in increasing older people's level of awareness of the resources available to them, community support, and the opportunities they have to help themselves. For example, some older people might not even be aware of their basic rights, such as their right to clean water or a better quality of living, this can become the role some operational and campaigning NGO's may play to make them understand their rights in the community and know what to do. This mostly leads to NGOs assisting in policies take form by providing policymakers with initiatives and models of successful projects.

2.1.9 OBSERVATIONS, FINDINGS AND RESEARCH GAPS IN REVIEWS

2.1.10 Observations

The fraction of the elderly people in Malawi is not negligible as a majority of these persons have contributed to the development of the country and as such deserve recognition and proper treatment during their old age. Unfortunately the majority are not beneficiaries of social security system which rather complicate care arrangements for them, given that the elderly have specific needs and concerns which have direct bearing on their wellbeing and quality of life (financial security, emotional security and health and wellbeing). Further observation is that it appears older people's needs are most often neglected because it is taken that they live in their families and communities and as such, these institutions should provide for their welfare. This assumption is what has also perpetrated the effects of poverty on the older persons by subjecting them to both social and economic shocks. This is so because it has been these trusted institutions that have also exposed most elderly people to torture.

2.1.11 Findings

Malawi has been part of several international debates on ageing: In Vienna 1992, where the Vienna Plan of Action was adopted in order to strengthen capacities of countries to deal effectively with ageing. In Spain 2002, where the Madrid International Plan of Action on Ageing was adopted. This plan focused on reducing poverty with the aim to reduce by half, the number of older people living in extreme poverty by 2015; addressing social and health care issues and also to introduce anti-discriminatory legislation for older people (Help Age International, 2002).

In Mozambique in the year 2003, where the Maputo Protocol was adopted to enhance the promotion and protection of old women's human rights in Africa.

Despite all the policies enacted, it is evident that the issue of ageing is not given pertinent attention practically in Malawi. Older persons virtually occupy an insignificant place in the political agenda. The singsong is just in theory on paper that needs to be transformed into a reality. Meanwhile the elderly are out rightly abandoned to their families.

Pertaining to institutions which are strategic in the framework, the civil society (NGOs and Associations) has responsibilities in the implementation of the national policy of the older persons. Its members ensure the connection between the state, public sector and older persons. Also they play a role in the elaboration; implementation and follow up- evaluation of policies, programs, projects as far as ageing is concerned. Non Governmental Organizations are one recognized body which has been influential in relieving the elderly from poverty in many rural communities and towns in Malawi. These NGOs have as major objective care for the elderly which they carry out in various ways: advocacy, psychosocial assistance, subsidization of health cost or free screening and medication, visits, food stuff, clothing and capacity building for healthy aged persons. However, these assistances are most often not regular because of limited finances.

2.1.12 RESEARCH GAPS

In order to develop effective solutions to address issues of elderly care and support, it is important first to understand the needs of the older people themselves. Without this, government and stakeholders will only treat the symptoms and not the real cause of the elderly people's problems. For this to be done there must be an element of empowerment in our policies, programs and projects for the elderly. However, most policies and projects that have been developed for the elderly in Malawi do not contain this element of empowering them.

The word empowerment can be defined in different ways according to the state of affairs. When talking about the empowerment of the elderly, it is different from the other types of empowerment such as women empowerment, youth empowerment, financial empowerment etc. The concept of elderly people empowerment is supposed to promote a paradigm shift in which care recipients and care providers are supposed to form a partnership and must collaborate to solve problems, to demonstrate the individual's power, while respecting the rights and autonomy of the care recipient. This way the dignity of the elderly will be preserved.

2.2 CONCEPTUAL FRAMEWORK OF THE STUDY

2.2.1 SOCIAL THEORY SUPPORT

Proponents of the Social Theory Support have said social support is a kind of social interaction from person to person mainly in a difficult life situation. Cobb S. (1976) proposed one of the first definitions when he described social support theory as an individual's belief that "one is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligations".

Sarason et al (1998) pointed out that "measures of social support may be divided into three categories, one is network model that focuses on the individual's social integration into a group and interconnection of those within

that group, the second one is received support model that focuses on what the person actually received or reported to have received and the third one is the perceived support model that focuses on support that someone believes to be available if he or she need it.”

Tao and Shen (2014) held an opinion that social support is divided into informal support and formal one. According to them, government, institutions, companies and communities can provide formal support with welfare insurance, health insurance, etc. At the same time the informal support can come from the family members, peers, friends and neighbors with information and emotion offering.

Furthermore, others divided social support into objective and subjective support (Zhang, 2011). Objective social support refers to material support; etc that an individual can get while the subjective social support means an individual feeling received in the process of social support and this may include respect, understanding and satisfaction.

Hao & Bo (2012) pointed out that, social support is the support from others to solve the daily difficulties and make the normal operation of life. This means for the aged people in rural areas, social support to an individual means the person having his or her nervous emotions relieved and social adaptation improved. Wei & Liu (2010) complements the social support theory by saying it is not only done in emotional support, but also in social activities.

Different scholars in different fields of study can define social support differently but the understanding of it, is consistent. For example, the sociological view holds that social support helps to supplement social security; this means alleviating conflicts among individuals and maintaining social stability (Zhang, 2011). Religiously, it is said that social support along with trait emotional intelligence (EI) help individuals to reduce stress caused by difficult situations. However, their implications may vary across cultures in reference to predicting health-related quality of life (Ghafoor et al, 2021).

2.2.2 HOW THE THEORY RELATES TO THE TOPIC UNDERSTUDY

Barrera (1983) thinks that social support includes material help, behavior support, guidance, feedback, etc and Cu'trona and Russell (1990) concluded social support as emotional support, material support, and information and accompany. Fang (2013) believes that the more social support people gets, the better they can solve their challenges.

Social Support comes in two ways of formal and informal. Formal support means the support from government, institutions and society such as funds, policy, facility, equipment which is visible to be measured. Informal support means family support and self support such as accompany, love and feeling of needed, which is more like emotional support. But in general, social support could include income, accompany, love and feeling of belonging, emotion, etc. Now, this research would like to see if once the elderly people get more formal and informal social support they will be more likely to get empowered.

2.3 THEORETICAL FRAMEWORK OF THE STUDY

2.3.1 Maslow's Hierarchy of Needs Theory

Abraham Maslow developed a theory which was graphically represented in the form of a pyramid. The pyramid represents the hierarchy of needs where individuals are forced to meet the needs located in the lower levels of the pyramid before developing the motivation to tackle those in the higher levels (Gorman 2010). Those in the lower levels are broadly classified as deficiency needs while those in higher levels are classified as growth needs. According to Maslow, needs are categorized in hierarchy where those in the lowest levels of the pyramid must be met before those in the higher levels.

Figure 2: Maslow's Hierarchy of Needs



As seen in the diagram above, at the lowest level of the pyramid are physiological needs. These are the basic needs and Maslow suggested that the most important basic need is the need for survival by obtaining physiological needs such as food, water and shelter (Thielke et al. 2012). According to him, people are required to eat, obtain water to drink and the place where they can shelter before they can think of anything else. If they are not able to meet the physiological needs, they are less likely to seek other needs because they do not have the ability to survive (Huitt 2004).

In the context of the pursuit for the elderly people in the community, care for them will tend to ensure their physiological needs are met first before making the decision to spend their resources on the programs. For instance, before they get involved in any activity in the community they will ensure they have adequate food, water and their shelters are effective in providing them with the right accommodation needs. In a similar manner, the organizations or entities involved in the provision of elderly care will ensure that the community is provided with adequate access to food, clothing and shelter before embarking on the programs (Toomey 2011). This is because, it is unreasonable to provide other needs to a section of people that are not adequately fed, not well sheltered and clothed.

The second in hierarchy is the safety needs. When physiological needs have been achieved, there is the tendency to focus on the need for security and safety. Safety is the condition where a person knows no harm can befall him, physically, psychologically and emotionally while security is a feeling that a person has when anxiety level is low (McLeod 2007). In the context of caring for the elderly in the community, the promotion and safeguarding of the interests and welfare of the elderly people is determined by the extent to which they perceive that they will not be harmed or their security will not be affected if they attend the programs. They will determine the level of physical security and personal safety before attending to any program or project. Similarly, government and stakeholders will need to ensure that security of the people and their safety is assured before allocating resources in provision of different programs for the elderly people in a society.

When the physiological, safety and security needs of the people in the community have been achieved, individuals are motivated to meet their love and belonging needs which is third in the hierarchy. In order to meet these needs, satisfactory relationships are created with members of the family, friends, peers, teachers, and classmates or other people with whom a person interacts. People tend to venture into seeking relationships to enable them meet their needs for love and belonging (Milheim 2012). In the case of elderly people in the society, their attempt to seek care and empowerment programs will be determined by the manner in which they obtain love and belonging from members of their families, friends and relatives or the people they associate with. In addition, during the provision of any program or project to the elderly, the level to which they understand the objectives and goals of the program/project is determined by the extent to which they are shown love and a feeling of self-belonging.

The fourth level of hierarchy is the need for self-worth and self-esteem. When an individual is able to meet the need for love and belonging, there is an attempt to develop a positive feeling of self-worth and an act that fosters pride in the work he or she has performed (Huitt 2004). However, this is subject to the achievement of safety needs, security, physiological needs and a feeling of sense of belonging. For instance, a number of elderly individuals are more likely to be affected by those who threaten their security or those who try to subject them to embarrassment, thus challenging their sense of understanding of love and belonging (Wacker & Roberto 2013). In a similar manner, stakeholders are required to find ways in which elderly people can be helped to develop the right feelings about themselves so that their needs of self-worth and self-esteem are satisfied.

The needs within the first four levels of Maslow's hierarchy of needs are significant in enhancing a person's well-being and have to be satisfied in order to enable the person seek experiences in upper levels. If elderly people in the community are unable to meet any of the needs among the first four, it is less likely to be motivating to pursue the needs in the upper level (Boyle et al. 2010).

The top highest level of Maslow's hierarchy of needs is the need for self-actualization, which is the need for a person to become anything one wants so that full potential can be realized. It is only possible to address this need when the first four needs have been met. However, in most cases, it is difficult to achieve this need and only 1% of adults have been able to achieve it (Zalenski and Raspa 2006). An elderly person who is able to meet the first four needs is more likely to have the ability to seek self-actualization. The three needs at the top of the pyramid

represent the growth needs of a person. However, Wiles et al (2011) says it is very difficult to satisfy the growth needs completely.

The basis of Maslow's theory is that people are motivated by their needs as human beings. Additionally, if some of people's most important needs are unmet, they may be unable to progress and meet their other needs. This is the same with the elderly people, when their most critical needs aren't being met; they are prevented from being the best version of themselves possible. Changing this requires looking at what these people need, then finding a way to get them.

CHAPTER THREE: RESEARCH DESIGN AND METHODS

3.0 AIM

The purpose of this chapter is for the researcher to outline the research design, setting, population that was sampled for data collection and how the data was analysed. The chapter gives details on how data was obtained to make the study more informative, from whom such data was collected and what theoretically guided the processes. Most importantly, this chapter lays the qualitative research paradigm, which was found to be appropriate and usable for this study.

3.1 OBJECTIVE OF THE STUDY

The objective of this study was to show the overall effectiveness of the *Gogo Grandparents Support Program* along with specific strengths and weaknesses.

3.2 RESEARCH QUESTIONS

The questions asked in the questionnaire included basic information such as the participants' (older people's) socio-economic status, their living arrangements, health status, mobility level, etc. The participants were examined for their perception of the physical environment which includes their housing situation and the community built environment. Satisfaction of children's visits, helpfulness of community and sense of community on the aged care system was asked to evaluate the perceived social conditions of the aged. Sense of belonging in the neighborhood was asked to understand how much older people are identified and connected with their communities. They were also asked about their general experience of aging. Questions about the *Gogo Grandparents Support program* were asked where participants identified the interventions engaged in their lives and satisfaction level of each intervention service. They were also asked about unmet needs, the financing of services and the reasons for unmet needs. A personal approach was employed such that each questionnaire was done face to face between a participant and the researcher. Each question was asked with clarity and accuracy.

3.3 DEFINITION OF WORDS

Analysis: Detailed examination of the elements or structure of something

Criteria: A principle or standard by which something may be judged or decided

Data: Facts and statistics collected together for reference or analysis

Design: A plan produced to show the look and function or workings before something is made

Population: A complete set of people with a specialized set of characteristics

Purposeful Sample: A sample collected from information rich cases for in-depth study

SAFE: Sub-Saharan Africa Family Enrichment

Sample: A group of people, objects or items that are taken from a larger population for measurement

Sampling: A technique of selecting individuals or a subset of the population to make statistical inferences from them and estimate characteristics of the whole population

Sample size: The number of participants or observations included in a study

Source: The materials from which the writer gathers ideas and information

3.4 THE STUDY POPULATION

Study population is the operational definition of target population (Henry, 1990; Bickman and Rog, 1998) from which the sample is actually selected. By designing a sample well in advance, any feedback deemed useless to the study will be eliminated. This study comprised of both male and female people of 60 years and over who are the beneficiaries of the *Gogo Grandparents Support Program* in Malawi.

3.4.1 INCLUSION CRITERIA

The inclusion criterion was the registered elderly people belonging to the Gogo Grandparents Support Groups and that they regularly attend their meetings. Also, willingness to participate in the research was regarded as an inclusion criterion.

3.4.2 EXCLUSION CRITERIA

Exclusion criteria included the elderly people who do not belong to the Gogo Grandparents Groups and unwillingness of the members of the Gogo Grandparents Groups to attend the interviews.

3.5 STUDY DESIGN

The purpose of this study and the research questions aligns well to case study methodology. A case study is defined as one type of qualitative research with the goal of finding and describing the characteristics in an identified program or event (Johnson & Christensen, 2017). The study is interested in aspirations, feelings, interpretations, expressions and judgments of the *Gogo Grandparents Support Program's* beneficiaries and does not intend to quantify. The interest is in the group of people that the Sustainable Development Goals seek to economically, politically and socially empower. This interest necessitates the use of qualitative methodology, which often is directly concerned with experience as it is lived, felt or it is undergone. Qualitative research is empirical research where the data are not in the form of numbers and according to Corbin and Strauss (2014) the

findings are not arrived at by statistical procedures or other means of quantification. Qualitative research methods are amenable to investigating behaviours with a view to understanding the “how” and the “why” rather than measuring (Meunier-Beillard et al, 2017). In the broadest sense it is descriptive data (through people’s own written or spoken words and observable behaviour) that is produced when the qualitative research paradigm is used. Qualitative researchers want those who are studied to speak for themselves, to provide their perspective in words and other actions (Sherman and Webb, 1988 and Ely, et al, 1991). They stress the reality as it is constructed and understood within a social setting, such as a community, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry (Dale, 2000 and Denzin and Lincoln, 2000). The other reason for the selection of the qualitative research paradigm for the study is because it can cover a vast range of research styles (Silverman, 1993), which is important in the generation of enriched data. This research was interested in employing a paradigm that allows for the use of various research techniques, such as observations, semi structured interviews, group interviews and examination of essential documents. This way, the respondents were able to shape their responses in the manner that they are most comfortable with, rather than responding to predetermined questions that may seem to undermine their ability of formulating decisions and express them. The beneficiaries were given an access to freely express their views.

3.6 SAMPLING

It’s impractical if not impossible to access an entire population for any research or data collection (Best and Kahn, 1993). Instead, a sample is selected. The sample is a group of individuals who actually participate in the study. To draw valid conclusions in a research, one has to carefully employ strategies that are appropriate in selecting the study population.

Therefore, this being a qualitative research and the aim not being to test a hypothesis but rather to develop a deeper understanding of the social construction of aging and care and discover the care experiences both individually and contextually, non-probability strategy was used with the purposive or judgement sampling technique. In purposive sampling, researchers handpick the cases to be included in the sample on the basis of their judgment and their typicality. In this way, they build up a sample that is satisfactory to their specific needs (Cohen, Manion, and Morrison 2000). For this study to accomplish this goal information rich cases were selected. This means it was individuals that provided the greatest insight into the research question (Miles and Huberman, 1994).

The selection of beneficiaries was also done with the purpose of establishing proper representation. The following areas also influenced the selection of the respondents: age, gender, type of assistance received, socio-economic status, location of respondent, political status, such as the role the respondent plays in the community, social status, such as some disability and or ethnicity. With this in mind, the participants were asked if they want to be interviewed and a purposive sample was generated from those who indicated that they were willing to be interviewed.

3.7 SAMPLING AREA

The study comprised of the elderly people who are members of the Gogo Grandparents Support Groups in Malawi. Purposive sampling was used in the selection of participants for this study with the idea of identifying

specific characteristics to be used in the selection of study participants (Johnson & Christensen, 2017). Participation was on a voluntary basis, and individuals were as well presented with a consent form explaining all the details.

3.8 SAMPLE SIZE

Study sample size was 111 participants of which each district where there is one Gogo Group (Mzimba, Dedza and Machinga) provided 10 participants each. Nkhata Bay provided 20 participants since there are two Gogo Groups in the district and Zomba District which has seven Gogo Groups provided 50 participants.

Five of the participants were coordinators of the groups and there were also 5 chiefs from the areas where the groups are located. Finally, one was a SAFE staff (the Director of Gogo Grandparents Support Program). A secondary form of information was collected and used in form of the archived monthly and annual reports.

3.9 DATA COLLECTION TOOLS

This study engaged an in-person, open-ended interview. Patton (2015) alleges that this interview system requires that open-ended questions are written in advance and communicated to participants, during the interview, in a similar order. For this study, the interview questions were directly aligned to the research questions. Each participant was asked questions applicable to their knowledge and feelings about the *Gogo Grandparents Support Program*. The questions also lead to inform the observable and quantifiable results of the program. For clarity, the researcher used probing questions.

During the interview, the researcher made sure that each participant is welcomed and the purpose of the study was explained in detail. Furthermore, the importance of transparency in the participants' answers was clarified to them and finally the level of confidentiality put in place was narrated to them.

3.10 DATA SOURCES

For the findings of this study to have adequate support, multiple sources of evidence were collected. A semi-structured, in-person interview protocol was used to ask open-ended questions to all research participants. The questions were aligned to the beneficiary satisfaction measurement framework standards. This framework guided the evaluation based on five categories for evaluation: objectives to the design of intervention and implementation, decide on scope, gather feedback, measure and analyze results and finally determine what changes need to be made and then develop and execute them.

A secondary form of information was collected and used in form of the archived monthly and annual reports.

3.11 TOOLS FOR DATA ANALYSIS

During the process of data analysis the step by step procedure using the manual analysis approach was employed. Firstly, pseudonyms were assigned to all participants and groups. Analytical memos were used to capture what the researcher thinks is learning during the course of the study. Codes were assigned to the data to easily identify themes and the relationship between these themes in the data. After these initial codes were created, the first cycle

of coding took place. In the first cycle of this analysis, the researcher aimed at using a variety of coding categories, including, but not limited to, descriptive coding, where general topics were created and process coding, signifying actions observed and experienced.

In the second cycle of coding, the researcher used the general topics created in the first cycle, to categorize data into themes, concepts, and ideas (Miles et al., 2020). These larger categories were then interpreted in the third cycle of coding. Here relationships between categories, larger themes, and processes emerged. Again, analytic memos continued throughout these stages. After the three stages of coding were complete, it was necessary to confirm the findings at this stage for the validity of the work.

To clearly conduct this research the analysis of data was aligned with portions of the beneficiary satisfaction measurement. This is a process of thoughtfully and proactively soliciting feedback from parties that derive benefits from a particular program. The direct service recipients speak on how well nonprofits' programs met their needs and expectations. Beneficiary satisfaction measurement enables beneficiaries to make their voices heard, and provides nonprofits with an opportunity from those who deeply care about the value of a program or service. Using this input, programs learn to strengthen their services and increase impact.

The framework included five categories for evaluation: objectives to the design of intervention and implementation, decide on scope, gather feedback, measure and analyze results and finally determine what changes need to be made and then develop and execute them. The data was displayed in the form of both a narrative and tables to show the level of effectiveness of the *Gogo Grandparents Support Program* SAFE is implementing in its impact areas.

3.12 CONCLUSION

This chapter has given a detailed description of the methodology that was used to collect and analyze the data for this study. It is important to note that, this section provides justification and qualifications for the use of qualitative paradigm. The question whether case study, purposive sampling, semi-structured interview, open ended questions, observation, group interviews and examination of documents were appropriate for this study is satisfactorily answered. Chapter 4 gives a summary of the research questions and purpose of the study. Furthermore, it reports all the findings of the study and analysis of data accordingly. The study is concluded in chapter 5 with a further discussion of the findings, conclusion, and any recommendations for further research and review.

3.13 AREAS OF FURTHER RESEARCH PROGRESS

For future studies in this field, this research recommends a study about mental wellbeing of the elderly people in Malawi. Mental health problems among the elderly are not well recognized even if they have lost family members or have experienced any form of abuse. There is need to recognize and know when the elderly people are suffering from mental health problems, and if these mental illnesses are treated.

Further recommendation for future research progress is a study about the rights of the elderly people in the country more especially those in rural communities. There is need to have a deeper understanding of what they know about their rights.

CHAPTER 4

4.0 FINDINGS AND ANALYSIS

The purpose of this study was to analyze perceptions of Malawian elderly people regarding the effectiveness of an elderly people targeted program called *Gogo Grandparents Support* on empowering and enhancing capabilities in the elderly people of Malawi. The study is significant to the researcher, stakeholders, and participants. The data collected have the potential of impacting current and future elderly people in Malawi and other developing nations. The study was guided by the following questions:

1. What factors enhance the sense of belonging among the elderly in Malawi?
2. What kind of factors improves safety among the elderly in Malawi?

4.1 Demographics of Participants and Sites

Sub-Saharan Africa Family Enrichment has initiated the *Gogo Grandparents Support Programme* in 13 communities from five of the 28 districts of Malawi. There are approximately 2, 353 elderly people being supported in the 13 communities. SAFE is a Faith-Based Non-Governmental Organization, but there is no religious requirement in the registration of the elderly people to become members of the *Gogo Grandparents Support Program*.

4.1.1 How the Program Is Implemented in Communities

The elderly people in SAFE communities were asked to explain how the *Gogo Grandparent Support Program* is implemented in their community and how often they are engaged in the program. In response it was reported that the elderly people in SAFE Communities enjoy getting together monthly in their groups. The format of the monthly meetings is to read the Bible, someone teaching on it, praying, singing praise and traditional songs and dancing. There are discussions on nutrition, HIV/AIDS, hygiene, grieving children, childcare etc. Some of the groups put together drama and special entertainment. Sometimes, food parcels are shared. In addition, these elderly people take turns to help in the Community Based Child Care Centres (CBCCs) within their communities (which are also supported by SAFE) with storytelling. Furthermore, the grandparents are able to make some little contributions for their groups' activities like condolences, visiting each other when sick, eating together etc. The groups in which they gather are called *Gogo Groups*.

SAFE provides money to the grandparents for buying the subsidized farm inputs for their farms. The seeds and fertilizer assistance is provided to the grandparents yearly for them to grow maize and improve their food security. The gogos give back a portion of their harvest to the CBCCs in their community every year for the feeding programme.

Full housing units have been constructed for some of these elderly people, blankets are distributed in time of need, relief maize is also distributed to these elderly persons when hunger looms.

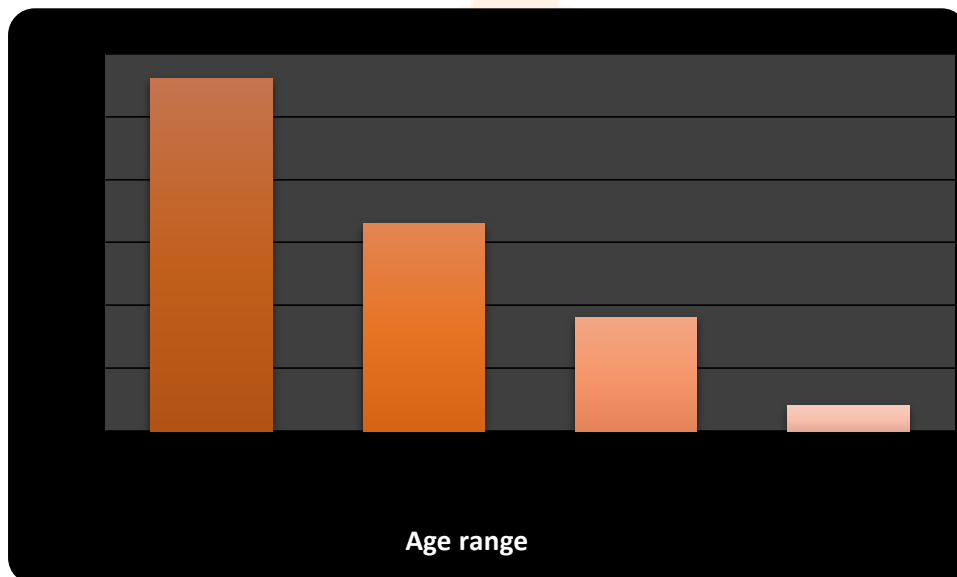
4.1.2 Characteristics of the respondents

For the purpose of this study, the United Nations definition of older persons as individuals aged 60 years and above was used. Ten sites participated in data collection. Three Gogo Groups, having implemented the programme for a minimum of 10 years, were chosen from the Northern Region, one Gogo Group also having implemented the programme for a minimum of 10 years was chosen from the Central Region. From the Southern Region, six Gogo Groups falling under the same criteria of implementing for a minimum of 10 years were chosen.

Interview participants consisted of 100 registered gogos, five coordinators of the Gogo Groups, five chiefs from selected communities and one SAFE staff. All participants were Malawian nationals who have been registered members of the SAFE run Gogo Groups from 4 to 10 years. Interviews were conducted in Chichewa with clarification given in Tumbuka and Tonga languages where it was felt necessary. Data collected from each of the three regions showed strong similarities of the elderly people's perceptions and program outcomes.

The majority of the respondents were female (72 percent) and were from rural areas. About 58 percent of the respondents were married, 24.7 percent were widowed and 18.3 percent single. Only 61 percent of the respondents had ever been to school and a majority of them 47 percent had gone up to primary school as the highest level of education. Less than 29 percent had gone beyond primary school and 9 percent had attended Adult Literacy Programme.

Figure 3: Age placement of respondents



About 38% had never worked and of those who had worked, very few had been in skilled employment.

4.2 Iterations of Data Analyses

The goal of this study was to find and describe the characteristics of a program about enhancing capabilities in the elderly. The design of the study was a multi-site explanatory qualitative case study aiming to evaluate the effectiveness of the *Gogo Grandparents Support Program* and the cause-and-effect relationship of the program on its participants (Newcomer et al., 2015). Data were collected in Malawi over a two months period. Interviews were conducted using a semi-structured interview protocol. Interview questions were aligned with the research questions, and probing questions were used to ensure clarification and elaboration of responses (Johnson & Christensen, 2017). Transcripts were both recorded and typed during the interview and then reviewed for accuracy before uploading to the SPSS software.

4.3 Emergent Themes

Research question one asked about the factors that enhance the sense of belonging among the elderly people in Malawi. Interview questions focused on the *Gogo Grandparents Support program*. Responses to questions revealed the following categories: social and emotional support given, housing condition, interaction and participation. Each category was supported by participants sharing their perceptions and considerations, based on experiences of the program in their community.

4.3.1 Skills Learned in Gogo Groups

The elderly people in SAFEs supported Gogo Groups are trained in different skills by the Director of OVCs and Gogo Grandparents Support program. Under the Director, there are three Community Supervisors (one for each region of the country) who are trained to implement the program and supervise the activities done by the elderly people in their communities.

The Director of OVCs and Gogo Grandparents Program explained that their program is aimed at enhancing capabilities in the elderly. They don't want the beneficiaries to just be at the receiving end but should also be involved in the activities done. With this in regard, it is believed that they will not be dismissed as passive participants in communities and society at large. As such, they will be a respected part of the society. The Director stressed a point that they have deliberately chosen to include some grandparents below the age of 60 in the program because there are other activities that need the help of stronger people to be managed.

The elderly people themselves when asked shared that they have learned many skills impacting their lives as the elderly people who have the responsibility to raise, care for and love their grandchildren.

The elderly people in SAFEs *Gogo Groups* learn how to make good choices and seek wise counsel among themselves when faced with problems. Through the Bible teachings, they understand each person was created by God, in His image. Because of this biblical understanding, every person young and old is considered special.

One of the gogos in her explanation said that: *"I have acquired a lot of skills through the meetings I attend with my colleagues. I didn't know how to handle the three grieving children I am raising at home. My character is better because in the past I would have been cruel, but now I am nice and kind."*

Individual elderly persons shared how their participation in the program had caused them to have a higher self-esteem, show respect toward their children and grandchildren, and care for their colleagues. The biblical teachings have caused them to evaluate their own behaviour; as another gogo said, *“As older persons, we are humans. Children and grandchildren can disappoint sometimes. Previously I would use bad names. I would for example call them stupid, but now I know they are all created in God’s image, and I stopped doing that.”* This change in the behaviour of the old people themselves has impacted the level at which they are also respected in their families and communities.

4.4 Positive Outcomes of the Program

The elderly people were asked about their experience in being involved in the *Gogo Grandparents Support Program* and how this program had impacted their lives. Responses revealed only positive outcomes. These responses were categorized into six areas of positive outcomes listed in the table below. The number correlates to the frequency this specific outcome was referred to throughout the interviews.

Table 1

Positive Outcomes of Gogo Grandparents Support Program

Positive Outcome	Frequency of Coded Response
Personal benefits	92
Increase in applicable life skills taught	71
Decrease in risky behaviours	66
Respect gained from family and community members	51
Trust built in grandchildren	48
Increase in Biblical knowledge among the elderly and dependants	33

Note. Frequency of response included reasons directly related to specific code.

The elderly people involved in the Gogo Grandparents program have experienced personal benefits like receiving money for farm inputs, blankets, soap and many more things which have helped them to improve their lives at household and community levels. This encourages them to participate in their groups’ activities. While participating in the activities they learn about different life skills of handling themselves as the elderly people and handling their children and grieved grandchildren. As a result to this, they are able to decrease risky behaviours that may lead to them not being respected and trusted by their family and community members.

Now that they are respected and trusted, they are able to impact their children and grandchildren with what they learn in the gogo groups. As such, there is a positive impact in that they are treated well in their families and communities. This way the Gogo Grandparents Program has become a means of reducing the impact of negative attitudes towards the elderly people in Malawi. Thus, the change impacted by the Gogo Grandparents Support Program in one area affects change in subsequent areas.

Figure 4: illustrates how the change, impacted by *Gogo Grandparents Support Program* in one area, affects change in subsequent areas.



According to another gogo from the southern region, *Gogo Grandparents Support program* has had a great impact. She said *“the program has brought unity in our families. The benefits of it start with our homes and then extend to the community at large. If an older person is to raise a good child, he/she should have peace of mind from home and the community”*.

Another elderly person also complemented the program by saying *“the Program has impacted knowledge in us which we did not know in the beginning. For example, now I personally know how to handle grieving children and situations. Now I am able to sit down and counsel my grandchildren instead of just insulting them. I can say now, love is touching my heart”*.

4.5 How do the elderly people in SAFE Communities experience their social relationships?

Social support was mentioned as one factor that enhances a sense of belonging among the elderly people in Malawi. This prompted the interviewer to find out as to how satisfied the elderly people in SAFE Communities are with their social situation and social relationships. This was guided by the quality of life questions which were

found to fit best to the first research question. Much attention on this was paid to the kind of relationship that the elderly people have with their families and communities. In addition, the financial situation of the elderly men and women was also reviewed under social issues. In all these, the target was to find the general experience of the elderly people's social life in SAFE communities.

In response, less than half of the respondents reported that they are not comfortable with the way they are treated in their homes. A small number of them did not express its feelings as to whether they are satisfied or not. A higher number of 68 managed to report that they are satisfied with the way they are treated in their homes.

Four elderly people of the less than half that reported not comfortable gave examples of their own children/grandchildren or some relations trying to chase them out of the descent houses that SAFE built for them in 2018. It was reported that the people claimed that the elderly people do not deserve to inhabit the newly built houses. Yet, these houses were truly built for the elderly.

Differences were noticed between women and men in their satisfaction levels with family members. While 52 percent of women responded that they are satisfied with the kind of treatment they get from their family members, 61 percent of men reported that they are satisfied. On the other hand, only 19 percent of men reported to be dissatisfied with the treatment family members give and 40 percent of women reported to be dissatisfied. This tells that the female elderly people are more disadvantaged or vulnerable in their families than men.

Table 2: Elderly people's satisfaction levels with their family members in SAFE Communities

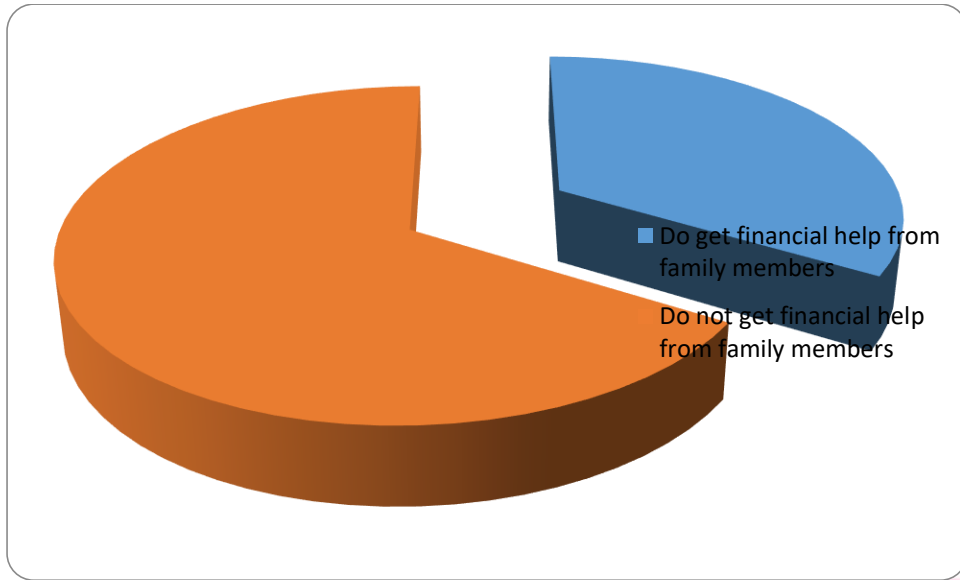
Level of satisfaction	Frequency of Coded Response
Satisfied	68
Not satisfied	33
Did not express their feelings	9

Note. Frequency of response included reasons directly related to specific code.

4.5.1 Financial Help

Following the satisfaction and dissatisfaction levels of the elderly people with their family members, they were also asked if they are given any financial help from any family member when needed. In response, 37 of the respondents answered that they do get the help while 73 answered that they do not receive any kind of financial help from a family member.

Between genders differences were noted in that 54 percent of female elderly people and 41 percent of male elderly people responded that they receive help from some family members when it is needed.

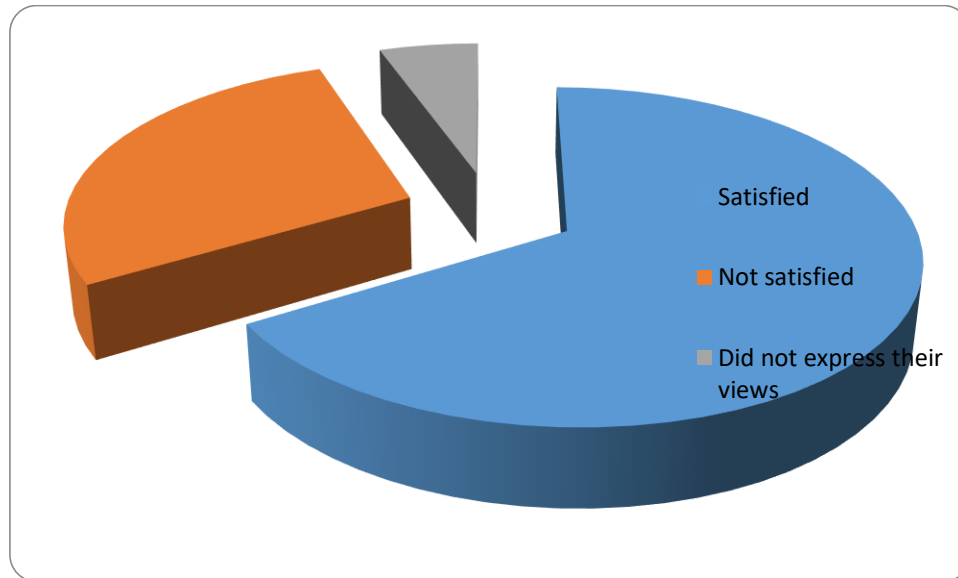
Figure 5: Elderly people's financial help from family members

4.6 Community

Further from the family ties, the interviewees were asked about how they feel their relationships with community members are experienced. This question came in order to confirm if indeed Malawian society has lost the respect for the aged that the elderly people are short of their significance as respected family members. Here, 73 of the people responded that they feel they get the due respect they need in their communities. However, they were very quick to mention that it is the *Gogo Grandparents Support program* which has made things to be different in these communities. They said their counterparts in other communities are suffering.

A good example here was given when some interviewees responded that the elderly people in SAFE Communities do not only support their own children with the food they put together in CBCCs. All children from within their communities are benefiting by this collective effort. This is said to make other people in the community to value the elderly as people who are contributing to the development of their communities.

However, responses from other 33 elderly people were that they are still not satisfied with the kind of treatment they get from their community members. These people feel they are still being disrespected by some quarters of their community members. Examples given were like some of them being emotionally abused by being given and called by unnecessary names.

Figure 6: Elderly people's satisfaction levels with their community members in SAFE Communities.

4.6.1 Happiness

Asked about what makes them happy, the interviewees came up with different themes. Top among them was feeding CBCC children. This makes them feel that they are contributing to the development of their areas as well as the nation. According to them, the CBCCs which are run in other areas where there are no SAFE interventions sometimes become closed due to lack of food for the children but in the case of CBCCs in SAFE communities, they are run throughout the year because they do not lack food. This food is given by the elderly people who are empowered to develop their areas.

As a means for sustainability, most of the gogo groups have opened communal gardens where they work together and the harvest is given to the CBCCs for the feeding programme. In the year 2022, SAFE trained them in making organic fertilizer. This according to them is a big opportunity because they will use this knowledge to continue farming and keep on feeding the children in the CBCCs even after SAFE has exited their communities.

For more than 10 years SAFE has also been supporting the gogos' grandchildren with school fees through the SAFE Bursary Programme which targets the grandchildren of the registered gogos. This also makes these elderly people happy and thus from the feeding programme in the CBCCs the second response as to what makes them happy was the issue of the SAFE Bursary Scheme which enables their grandchildren to go to school. Some children have been supported up to tertiary level, after they had performed well at Malawi School Certificate of Education. In turn, after they have secured jobs they come to support the grandparents financially.

From the bursary scheme food donations, money and other things presented as gifts from SAFE and some relatives got mentioned as the other thing that makes these elderly people happy.

The other thing mentioned about what makes the elderly people in SAFE communities happy is that most of these elderly people are raising their grandchildren. Due to HIV/AIDS, these grandparents lost their adult children who were to be their social security providing for them in their old age but now they have their orphaned children to raise. According to the grandparents, children without parents need a father and/or mother figure willing to offer

hope, love, counselling, and accountability. They are happy that SAFE teaches them skills in handling these grieving children. These skills have helped both the elderly people and the grieving children to come to a point of accepting the death of their loved ones and moving on with their lives. The end result has been that they have found a sense of peace in life.

The elderly people in SAFE Gogo Groups are also provided with the opportunity to tell soothing traditional stories to children in the Community-Based Childcare Centers and at home. This was also mentioned as one of the things that makes them happy. These people feel that by telling the traditional stories they are connecting the past to the present and they are also creating a bonding environment. In the children developmental skills are also enhanced.

The elderly people in SAFE communities are also trained to make toys using locally available resources for play therapy, particularly with CBCC and grieving children. This also makes them happy. They feel this is important because by playing with the children the elderly people improve their reaction speed, critical thinking and their communication skills. All these put together are more important in keeping the elderly people's minds sharp and reduce the risk of depression and social isolation.

SAFE also gives these elderly people skills in food preparation, utilization and diversification. The elderly people in the communities mentioned this as also something that makes them happy since by doing this they achieve nutritional improvement.

The elderly people in SAFE Communities enjoy getting together monthly in their groups. This was also mentioned as something that makes these elderly people happy in their communities. This is so because when they meet they play and pray together, share ideas which lead to them not become stressed up elderly people.

Table 3: What makes the elderly people in SAFE Communities happy.

Reason	Frequency of Coded Response
Feeding CBCC children	61
Bursaries for grandchildren	46
Getting together in their groups	45
Being able to raise grand children	33
Telling soothing traditional stories to children	28
Making toys for children	19
Gaining skills in food preparation, utilization and diversification	13

Note. Frequency of response included reasons directly related to specific code.

4.6.2 Unhappiness

In order to have a deeper understanding of the things that affects their lives, these elderly people in SAFE communities were also probed in an open question about what makes them sad as old people. Different themes that came as responses to this question were also related to family relationships and financial situations. However, many responses came in relation to deaths of family members as many indicated the loss of children, spouses and grandchildren as what makes them sad in their lives.

Further to this, the elderly people in the country are also feeling sad because they were abandoned by either their children or grandchildren. A small number of them mentioned of feeling disrespected by their disobedient children or grandchildren, this makes them sad. Others also continued by saying that they are rarely visited by their elder children or grandchildren and this makes them sad.

Others talked about lack of financial means to make their ends meet and disrespect by some family members as what makes them sad in their lives. However, no one of them complained of any kind of physical abuse in his or her life time as an elderly person.

Table 4: What makes the elderly people in SAFE Communities sad.

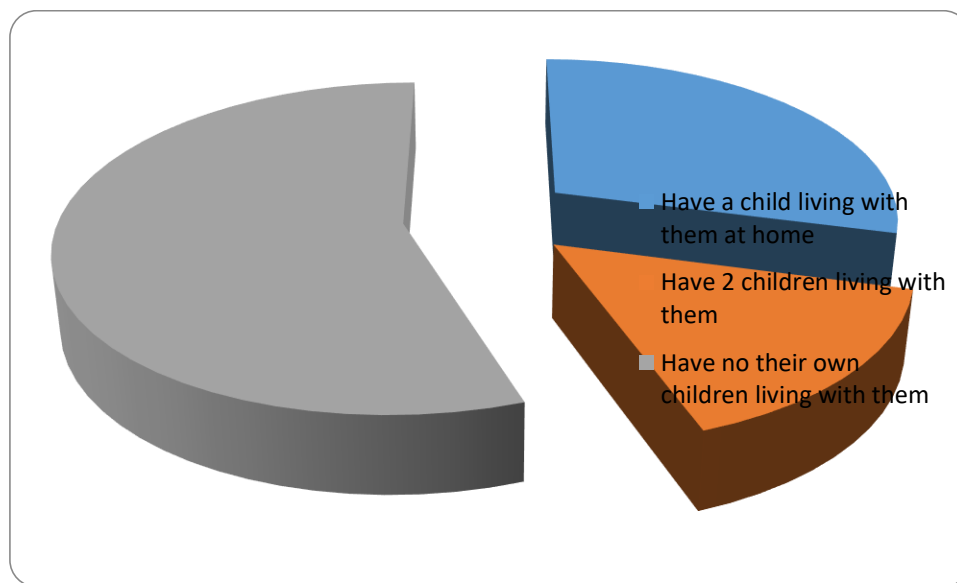
Reason	Frequency of Coded Response
Deaths of family members	66
Lack of financial help	49
They feel they were abandoned by children	31
Rarely visited by children	28
They feel disrespected by family members	6
Physical abuse	0

Note. Frequency of response included reasons directly related to specific code.

4.7 Number of children living at home with the elderly in SAFE Communities

The research showed that some of the respondents have a child living together with them at home. A few number of them reported about two children living together with them. However, some reported of having no children living with them at home.

Figure 7: Number of children living at home with the elderly in SAFE Communities

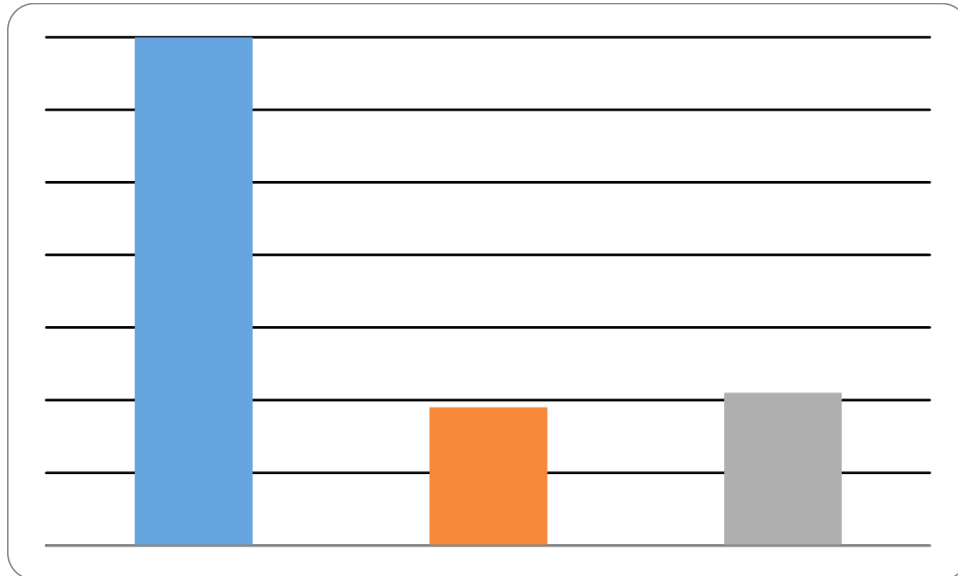


4.7.1 Number of grandchildren living at home with the elderly in SAFE Communities.

The researcher also wanted to learn as to whether it is indeed true that these elderly people are guardians to grandchildren living in their homes. The responses that followed to this question revealed that the number of grandchildren living at home with the elderly people in the communities is larger than number of own children. It transpired that many respondents were taking care of grandchildren in their homes. The most common numbers mentioned were 2 and 3 grandchildren at home. However, some 14 elderly people mentioned of keeping more than 3 grandchildren in their homes. Some of these elderly people thanked SAFE for relieving their burden of paying school fees for the grandchildren.

SAFE through its bursary scheme supports grandchildren of these elderly people in their impact communities with fees at secondary school and some even at tertiary level. This initiative is said to have improved safety of the grandparents because when some of the grandchildren are educated they remember to financially support their grandparents.

The researcher tried to probe more on the grandparents in order to learn about the reasons for keeping grandchildren in their homes. A high number of the respondents reported that parents of the grandchildren are long dead. Second to death of the parents was the issue of the poor living conditions of the parents of the children that they choose to ask the grandparents to help raising them. The last on the list of responses was that parents of the children are working or living far away from the communities and they choose to leave their children under the care of the grandparents.

Figure 5: Number of grandchildren living at home with the elderly in SAFE Communities.

4.8 Elderly people's experiences of being abused (physical, sexual and emotional) in SAFE Communities

Reports have come from different communities of the country about the elderly people being abused in different ways. It was important to include this question to this paper in order to find out if there exists abuse of the elderly people in SAFE communities. According to the responses given, the elderly people in the communities under SAFE are protected from physical and sexual abuse as no one answered 'yes' to the two. However, 23 of the responses reported about being abused emotionally especially by family members and not from the community members. Examples given as emotional abuse were those of children abandoning them, rarely visiting them and raising some disobedient grandchildren. Also, the issue of trying to evict the elderly people from their own descent houses was given as an example of emotional abuse. From the results, it is observed that women are the ones experiencing more abuse than men.

Table 5: Elderly people's experiences of being abused (physical, sexual and emotional) in SAFE Communities

Have you ever experienced (physical, sexual, or emotional) abuse due to being an old person?	Female	Male
Physical abuse	0	0
Sexual abuse	0	0
Emotional abuse	16	7

4.9 Government social services and how they affect the elderly people's living conditions

The respondents were also asked about how the government social services affect the quality of their lives. The services mentioned were like Social Cash Transfer (Mtukula pakhomo), food for work, relief maize distribution

etc. In response it transpired that very few numbers of the elderly people are beneficiaries of the social cash transfer in SAFE communities. Some of them said they have at least received relief maize in their old age which helped them to feed their large families during some lean seasons. However, a high number of them reported that they do receive coupons for the Affordable Input Programme which gives them an opportunity to buy 2 bags of fertilizer per year at a subsidized price. But, they were quick to narrate that if SAFE was not in their communities, they would not afford to buy the fertilizer due to lack of money.

SAFE has been supporting the elderly people in its impact areas with money to buy the two bags of fertilizer yearly. As a result the elderly people in SAFE communities are food secured. This is said to have improved these elderly people's sense of safety because when they have their own food they are able to feed their big families and they become respected in the communities.

Table 9: Government social services and how they affect the elderly people's living conditions

Reason	Frequency of Coded Response
Receive coupons for AIP	88
Receive relief maize	61
Receive money for Social Cash Transfer	33

Note. Frequency of response included reasons directly related to specific code.

4.9.1 Quality of life

Another question asked from these elderly people was about how they understand quality of life. It was about what quality of life means to them. On this, different themes were raised based on how individual elderly people understand what quality of life means to them. These responses ranged from good houses roofed with iron sheets, cemented houses, raising cattle, goats and chicken, having enough farming land, able to send children to school, able to feed yourself three meals a day and leading a free from disease life.

Table 6: Meaning of quality of life to the elderly people in SAFE Communities

Reason	Frequency of Coded Response
Good houses	38
Rearing of cattle, goats and chicken	36
Having enough farming land	33
Being able to send children to school	31

Note. Frequency of response included reasons directly related to specific code.

From the list of things mentioned, the elderly people in SAFE communities talked of the organization helping them in the four areas of good housing, sending children to school, food security and disease free life. It was mentioned that SAFE has built good housing units for some elderly people in the communities (especially in Zomba and Dedza Communities of southern and central Malawi).

The organization has also managed to send the elderly people's children and grandchildren to school by paying tuition and boarding fees. They help the beneficiaries from secondary school up to tertiary level.

In food security, money for buying fertilizer was mentioned. The organization has been distributing money to elderly people in its impact areas to buy the subsidized fertilizer. This has led the elderly people in the communities to be food secured.

It was also reported that the skills which SAFE imparts in the elderly people in food preparation, utilization and diversification makes these older persons to achieve nutritional improvement. As such they come at lower risk for serious health problems.

4.10 Suggestions for Reducing stress among the Elderly People in Malawi

The elderly people in SAFE Communities were asked for suggestions to help reduce stress among themselves. Responses revealed the elderly people both burdened and helpless in the fight against discriminating against them. They believed one way to combat this was educating the elderly people's family members and the community on the importance of not discriminating against the elderly. Participants gave suggestions to reduce stress as seen listed in the table below. This table records suggestions given by participants and the frequency with which the response was shared throughout the data collection.

Table 7: Suggestions for Reducing Stress among the Elderly People

Suggestion	Frequency of Coded Response
Education on the importance against discrimination of the elderly	45
More <i>Gogo Groups</i> in communities	42
Enforce law with chiefs	37
Encourage the elderly to participate in community activities	22

Note. Frequency of response included reasons directly related to specific code.

Establishment of more Gogo Groups like the ones in the ***Gogo Grandparents Support program*** and using these groups to counsel and teach different skills to the elderly was the second most suggested way to reduce discrimination against the older persons and stress amongst them. The elderly people who are engaged in these groups have developed healthy relationships among themselves where they share different ideas thereby reducing stress. Grandparents in the program learn how to handle and counsel their grieved children and grandchildren to make good choices. These elderly people are even counselling their grandchildren on the importance of finishing their education. They are even becoming open to discuss with the grandchildren to avoid being involved in pre-marital sex.

One grandparent confirmed this when sharing, “The first response to reduce stress among us the elderly is establishing more ***Gogo Groups***. I say this because as I was coming to join our group, I did not have the skills in handling pressure as an old person, I had no skills to handle grieving children at home and the community, but now I am a different and happy gogo”.

Enforcement of laws with chiefs to punish people who discriminate against the elderly, encourage the elderly to participate in different community activities and making the elderly appear as role models were other solutions which the old persons believed would help them to be appreciated in their communities.

4.11 Challenges of the Gogo Grandparents Support Program

One of the challenges that the Gogo Grandparents Support Program is facing is the areas of coverage. This is one of the well planned programs in that it is reaching one group of people that is most neglected in the society. However, it is reaching few numbers of people as compared to the population of the country. As a solution to this, there is need for government and other organizations to partner with SAFE and make the program reach several areas of the country.

Some participants mentioned of some activities associated with the program that needs energetic individuals. An example given was the composite fertilizer making process which is a new technology introduced for the gogos. This initiative was fully introduced to the gogos in the year 2022 as previously it was just one community of Zomba District which was trained in using the method. Upon realizing that chemical fertilizer was in short supply and expensive in the country SAFE expanded the composite manure making initiative to all its communities in the country. Some of the grandparents did not make use of this initiative by saying it needed stronger people. However, SAFE was encouraging the children and grandchildren the gogos are raising to help these frail individuals in their fields. Those who followed the instructions benefited much as they harvested more maize. However, many of the gogos from the southern region felt it was a tiresome job for them and the children and did not properly follow the instructions. As a result, they did not have enough harvest.

CHAPTER 5

5.0 CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Malawi is one of the poorest countries in the world with the poverty rate at 51 percent (World Bank, 2021). Therefore poverty is the greatest threat to the elderly people in the country as they are increasingly becoming vulnerable to social exclusion, food insecurity and in a general sense poor living conditions. As a result 5 percent of the population of the country is experiencing increased social-economic hardships and different types of abuse. This is a critical issue since nations that are successful in improving the welfare of the elderly experience increases in social and emotional well-being for older people (National Council on Ageing, 2021).

The purpose of this study was to analyze perceptions of Malawian elderly people regarding the effectiveness of an elderly people targeted programme called *Gogo Grandparents Support* on empowering and enhancing capabilities in the elderly people of Malawi. The study is significant to the researcher, stakeholders, and participants. The data collected have the potential of impacting current and future elderly people in Malawi and other developing nations. The study was guided by the following questions:

1. What factors enhance the sense of belonging among the elderly in Malawi?
2. What kind of factors improves safety among the elderly in Malawi?

5.1 Findings and Connections

The findings to each research question are discussed in this chapter and the themes related to those results are included. These findings are then compared and contrasted with previous literature.

5.2 Research Question One

Research question one asked about the factors that enhance a sense of belonging among the elderly people in Malawi. Belonging is a feeling of being happy or comfortable as part of a particular group, also having a good relationship with the other members of the group because they welcome and accept you. Interviews revealed that a sense of belonging is important in older adults. This is so because the elderly are associated with a greater incidence of social isolation and loneliness.

In SAFE communities, the elderly people are made to meet together monthly in groups where they accept one another, show love to one another and sometimes they eat together. This is showing a sense of belonging as these elderly people do not live in isolation and do not feel lonely. Sometimes when they are stressed up, they share their problems to one another and together provide solutions. Therefore, these meetings have equipped the elderly to create for themselves a safe environment; to teach themselves critical life skills, including problem solving, decision making, and goal setting; and counsel grandchildren through difficult life circumstances.

The elderly people in SAFE communities through these meetings have learnt additional skills like, how to make relationships among themselves and with the children they are raising to help them meet specific needs and

encourage them in their personal lives. Through the meetings, the elderly people in SAFE communities have managed to create good neighbourhood environment which also contribute to the sense of belonging.

Residential satisfaction too would positively affect sense of belonging among older adults in the community (BMC Public Health, 2022). SAFE through Gogo Grandparents Support Program has constructed safe and resilient homes for the elderly in the communities of Zomba and Dedza. The SAFE team in Malawi has worked alongside communities, families, local volunteers and labourers to ensure that planned was completed. Alongside the construction of the housing units, SAFE has worked with the community members to teach the elderly people about safe water, sanitation and hygiene (WASH) practices. Helping the elderly people to understand the importance of safe hygiene is an effective way to directly lessen the spread of diseases. However, this also enhances a sense of belonging among the elderly.

The elderly people in SAFE communities have also been assisted with donations in monetary and material forms. Materials received have ranged from blankets, soap, relief maize etc. This has been observed to have built and strengthen the elderly people's lives and therefore has been one of the factors that enhance a sense of belonging among the elderly people in Malawi. Therefore, the elderly people in SAFE communities feel that they are accepted and loved and there is a sense of belonging in the communities they are living.

The elderly people in SAFE communities are educating children in Community Based Childcare Centres by providing food for feeding. They are involved in making toys for the children and they tell soothing traditional stories to the children. Responses were that being involved in these activities makes them feel belonging to their communities. This has also led to the communities have respect to them. Instead of them being abused (as the elderly people are done in other communities), they are always protected by their community members. Hence, there was no report of any form of physical or sexual abuse.

5.3 Questionnaire Questions that Guided Research Question One

In order to get the responses on the sense of belonging among the elderly, the researcher firstly wanted to know about how the elderly people in SAFE Communities experience their social relationships. In response, over half of the respondents showed that they are satisfied with their social situation. At family level, 67 percent of the respondents said they are satisfied and at community level 78 percent of the elderly people said they are comfortable with the way they are treated in their communities. These results show that satisfactions with family members are lower than those of community members.

Women are also less satisfied with their social situation. However, in a general sense women are the ones carrying greater responsibility of caring for children and the vulnerable (Bandora 2009). Further, different from other researches done, it was discovered in this research that in SAFE Communities women feel in greater extent that they do get enough financial help from family members. According to Moller (2011) satisfaction with the relationship has something to do with the feeling of happiness concerning the family relationships. However, from the responses given it is evident that the elderly people in SAFE communities are feeling a sense belonging to their people.

More of the female participants of this study reported emotional abuse (16) than men (7). None of the participants reported about physical or sexual abuse. When these same people, were asked if they have ever heard about anybody over 60 years experiencing physical or sexual abuse, 56 answered “yes, but from other communities”. Their responses were that SAFE in their communities provides psychosocial programs from young to the old. In the young people they said SAFE imparts good morals in CBCC children. The youth are taught to respect the elderly and these youth are given programs that are meant to respecting the elderly people. For example, sometimes these youths are asked to go round into the houses of the elderly people and make fuel efficient stoves for them. At the end, these youths are paid. This was reported as one among the many reasons that makes the youth to respect the elderly in these communities. As a result, the youth in these communities do the work of protecting the elderly people. In turn the elderly feel a sense of belonging among their community members.

Family and social relationships are also seen to have a big impact on the elderly people’s lives. They positively or negatively influence the elderly and they as well enhance a sense of belonging among them. Asked about what make them happy, many responses were about family and social ties like feeding CBCC children, being able to raise grandchildren, making of toys for CBCC children, getting together in their groups, telling traditional stories to children etc. It is in these things that the elderly people are enhanced a sense of belonging in their communities.

Further to this, they were also asked about what makes them sad. Responses were as well attached to family ties. These responses were like: deaths of family members, feeling abandoned by children, rarely visited by children, and feeling disrespected by family members etc. All these are indications that the elderly find their sense of belonging, in family and social relationships.

5.4 Research Question Two

Research question two sought to learn from the elderly people of Malawi about the kind of factors that improve safety among the elderly people of Malawi. Responses to interview questions revealed that the elderly people in Malawi feel safe when they are food secured, are able to send children to school

Based on the 1996 World Food Summit, food security is defined when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (World Bank 2022). According to this definition, there are different dimensions of food security. For example, there is the dimension of physical availability of food, economic and physical access to food, food utilization and stability of the other three dimensions over time.

The Gogo Grandparents Support Program in SAFE communities has always ensured that the elderly people have physical access to food. This same program has also managed to give the elderly people in its impact areas skills in food preparation, utilization and diversification. This means the program has been successful in addressing the two dimensions of food security to the elderly people in Malawi.

The first dimension is met through the giving out of money to the elderly people to access affordable farm inputs. With this money, the old people become able to buy 2 bags of fertilizer and seeds. SAFE encourages the grandchildren of these elderly people to work together with their grandparents in the fields. At the end, most of

these elderly people become able to harvest enough and have physical access to food. There are times when some elderly people do not harvest enough. SAFE comes in with relief maize to make sure that these people have physical access to food. This has proven to have improved safety among the elderly people in SAFE communities.

The second dimension of food security in SAFE communities is attained by the skills that are provided in food preparation, utilization and diversification. This enables the elderly people produce foods that are rich in all the essential micronutrients, available in sufficient quantities and accessible to people all year round. In this way, the elderly people's safety is as well improved in SAFE communities through the Gogo Grandparents Support Programme.

Being one of the poorest countries in the world, only 52% of students complete primary school, and of the 16% of students who attend secondary school, only 22% complete all 4 years (UNAID, 2020). As a result, 2.4 million children are not in school. This is a critical issue, since nations that are successful in reducing school dropout rates also decrease the cycle of poverty (Maluwa-Banda, 2003). With this in mind, SAFE has over the years tried to decrease the poverty cycle in the older people's households by first encouraging their children and grandchildren to attend Community Based Childcare Centres (CBCCs) in their communities. These CBCCs are also supported by SAFE and food is provided by the elderly people.

After these children have graduated to primary school SAFE follows them up. When they have done well at Primary School, SAFE comes in with its Bursary Scheme to support these elderly people's children so that they complete their secondary education with ease. SAFE's Bursary Scheme is non-discriminatory. There are some students who have done well at secondary school and proceed to enrol in tertiary education. Again, SAFE has come in to support them. All this is done with the aim of helping the elderly people to educate their grandchildren so that in future they should become a source of their help. These elderly people expressed that they feel their safety is improved when they see their grandchildren being supported to go to school.

5.5 Changes in Behaviour and Impact

This study also revealed that changes in the elderly people's behaviours influence the changes in grandchildren behaviour. These positive changes then impact both individual lives and the community. Because the elderly people had a new level of self-confidence changes in behaviours occurred.

These elderly people have witnessed in their children and grandchildren a change of attitudes and their level of respect. Positive behavioural changes consequently had an impact on individual families and the community. Applicable life skills are improving relationships and helping to decrease the level of poverty. Community members and chiefs recognize the effects and are requesting an expansion of the program.

5.6 DISCUSSION

Even though ageing is an individual experience, the location of it is in an economic, social and political context. Therefore, issues of ageing require strong political will, economic commitments as well as well informed policies and programs. Such policies and programs need the input and ownership of the intended population (old people).

The ageing process comes with significant physiological changes and as this process unfolds, different individuals experience it differently. Acknowledging individual experiences and narratives of the ageing population can assist policy makers and society at large to understand and appreciate the ageing process so that appropriate policies and programs are put in place. Engaging and addressing specific ageing issues that impact the daily living of older people is the first step in appreciating the circumstances that shape the experiences of older people. Older people need to be protected from unjust treatment and any other forms of abuse, discrimination and ageism.

Service providers are guilty of giving preferential treatment to other age groups and treating older people as though they are low priority. Stereotypes on ageing perpetuate these negative views of ageing. Addressing this gap needs issues of ageing to take centre stage so that service providers are trained and sensitized on best practices of working with older people without infringing on their fundamental rights.

5.7 Recommendations and practice

A significant number of older people in the study were heads of their households and had responsibilities of raising grandchildren without much assistance from the state. It has become evident from this study that the elderly people in Malawi as well as other developing countries possess the deep wisdom of life. This wisdom may be lost if these people are treated as if they are not full members of their communities. It is unfortunate therefore, that in most developing countries like Malawi old age means indigence.

It is also evident in this research that regardless of all their caring responsibilities, the elderly desire to live in an environment free of ageism, social exclusion and all the types of abuse. Government alone cannot do the work of addressing the issue to do with destitution of the elderly people in Malawi. There is a need to coordinate the efforts of government, non-governmental organizations, faith communities and the private sector. SAFE is one of the Faith-Based Non-Governmental Organizations which help the government of Malawi to alleviate the problems affecting the elderly people. Therefore, recommendations to this research are:

- More Non-Governmental Organizations are supposed to invest more in the elderly care and support programs. As it is now few organizations are interested in furthering the cause of the ageing in Malawi.
- With the prevalent discriminatory and abusive practises directed at the older people, NGOs in Malawi still have the opportunity to identify gaps in existing international and local frameworks on how to address these for better human rights outcomes for older persons in the country.
- Other organizations should come with programs with designs to assist people prepare for their old age. This can be done by instilling the culture of saving and investing.
- Policy makers need to make deliberate attempts to engage older people in issues affecting their livelihoods. Further, policy makers in the country need to creatively include the views of the elderly people in coming up with activities that encourage active ageing and overall wellness of this population

in the communities. This is has been said in recommendations because lack of consultation with the older people was found to be another challenge which was cited by the participants.

- More psychosocial, psychological and emotional supports must be provided to the elderly people for them maintain their health, avoid boredom and frustration. Generally, the programs and activities planned should take into consideration of the real needs and requirement of the elderly people. This is the role SAFE is playing in its communities through the Gogo Grandparents Support, but there is need to expand to other areas.
- Collaborative work is to be encouraged between Non-Governmental Organizations and the government agencies, such as, exchanging experiences and ideas in order to meet the growing needs of the elderly population. It is hoped that this study will open more doors for improvement in the services and programs provided.

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