

The meaning of institutionalisation to older Africans: A case study of a Zimbabwean old people's home

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Abstract

Institutionalisation is foreign to older persons in Africa. It invokes negative feelings on those institutionalised. These negative feelings include those of guilt, neglect and abandonment by relatives, regret and powerlessness. While institutionalisation cannot be avoided especially for destitute individuals, it has depersonification effects, some of which can be avoided if staff at the institution can be more accommodative and some rules changed/repealed to allow the older persons to live respectable existences. The intentional and sometimes calculated exercise of power by staff in determining *all* the activities of the older persons feeds on to older people's feelings of powerlessness. However, since the older persons cannot live without the institution they have to gratefully accept their situation dealing with each day as it comes, waiting for death.

Keywords: Institutionalisation; Death; Bitterness; Restriction; Immortality; Food; Companionship; Home

Introduction

Traditionally Zimbabweans did not regard institutionalisation as a popular option. By 1995 Hall and Mupedziswa noted that institutional care was viewed as the same as abandonment. There was a general feeling that the older persons should not be forsaken into institutions but rather they should be looked after by their relatives, particularly children, until they died (Hall & Mupedziswa, 1995). Thus those who were institutionalised felt that they had been abandoned and had no relatives. By then a very small percentage of Zimbabweans benefited from institutionalisation and other forms of welfare provisions because institutionalisation was felt to be fit for foreigners who had no relatives in the country. To date, these feelings of abandonment have not changed among the older persons studied at *Tinerudo* (pseudonym) old people's home.

Tinerudo is a nursing home owned by an international church but affiliated to an international non-governmental organisation. The institution has two sections, the hospital (C-scheme) and the home (B-scheme). Old people's homes can generally be divided into three categories or schemes, which are A, B and C. The A scheme caters for healthy destitute old people. B scheme houses old people who need medical attention but are mostly independent and do not need assistance in bathing, clothing and eating. The C scheme houses

frail old persons who need help in everything they do. They need assistance in bathing, clothing, eating and in using the toilet. Older persons at *Tinerudo* can be classified as falling into the B and C categories.

At the time of study there were 81 older persons, 20 females and 61 males. Most older persons were Zimbabwean while others were foreigners from Mozambique, Zambia, South Africa and Malawi. Almost everyone seemed to be under medication for various ailments that were said to be consequences of ageing. These included asthma, high blood pressure, arthritis, backache, Parkinson's disease etc. Therefore none of the older persons was allowed to drink alcohol either on or off the premises. The same could be said for sexual liaisons that were said to jeopardise the health of older persons.

Objectives of the study

1. To find out the meaning of ageing and the role of older persons in the Zimbabwean/African setting in general
2. To analyse the reasons given for institutionalisation by older persons
3. To find out how the role of older persons in society is enabled or constrained within an institutional framework. What does institutionalisation deprive the older persons of?
4. To document the benefits of institutionalisation to older Africans.

Methods

Participants and setting

The research was carried out at *Tinerudo* nursing home. The target population were all the older persons, the home administrator, the matron, nurses, cleaners, drivers, general hands, nurse aides and cooks.

Procedure

A sample of 20 respondents was selected using purposive sampling and snowballing. Of the twenty respondents, four were staff members who included the administrator, the matron, a cook and a general hand. The general hand and cook were chosen on the basis that they were the longest serving employees at the home. There were six female and ten male older persons involved in the study. The average age of older persons was 79. The older person with the longest stay

at the home had spent 14 years there while the one with the least stay had been at the home for five months. The average time of stay at the institution was 5 years. Of the eight foreign older persons only one was female. Foreigners came from Malawi, South Africa and Zambia and Mozambique.

As part of the ethical considerations the name of the organisation has been hidden thus *Tinerudo* is a pseudonym.

The research is a qualitative case study of the older persons. Ferreira (1999) argued that qualitative studies enabled researchers to learn about the lived experiences of older Africans. Qualitative methods gave room for the researcher and the researched to discuss their ideas freely and on the same level. Several methods were employed in collecting data included the life history approach, participant observation (which lasted for 2-½ months), in-depth interviews, semi-structured interviews and secondary analysis. The older persons participated in both the in-depth and semi-structured interviews. The interviews took a life history approach in the sense that the respondents narrated their life stories and in some cases supported these with letters and photographs. The staff members participated in semi-structured interviews.

Data analysis was mainly thematic in the sense that the 4 primary objectives were structured along four main themes; (a) the meaning of institutionalisation to older Africans; (b) the reasons for institutionalisation as perceived by older Africans in the institution; (c) how the institution as a structure enables/deprives older persons of certain life choices; and (d) the benefits of institutionalisation. The researcher used these 4 key areas as categories for data classification. Thematic analysis mainly involves 5 stages: (1) familiarisation - reading and rereading of field notes; (2) reflection - finding out how the data either support or challenge the existing knowledge; (3) conceptualisation - identification of patterns and concepts emerging from the data; (4) cataloguing of concepts - the indexing of identified concepts and categories; and (5) linking of identified concepts and categories, revisiting the data to find gaps that could be filled.

This study is guided by two theories by Giddens (1984) and Goffman (1971). Giddens' structuration theory is pitted against Goffman's analysis of total institutions. Goffman argues that prisons, hospitals and asylums are total institutions that change the personality of individuals who live in them through such practices as, for example, wearing of uniforms, use of timetables for eating, bathing, sleeping etc. The institution overpowers and totally dominates and determines the individual's life. However, on the other hand Giddens' structuration theory states that power is never zero-sum. No matter how constraining an organisation is, people within it will always find room for manoeuvre. Using his concepts of agency and structure, Giddens maintains that individuals/'inmates' within the so called total institutions have agency to determine their lives/choices

within constraining structures. This research therefore reveals the extent to which the structure/institution enabled or deprived older persons of certain life choices.

Results

The traditional role of older persons in the Zimbabwean / African setting

Traditionally an old person was regarded as a fountain of wisdom and having a closer spiritual connection with the ancestors (Hampson, 1990). Writers on traditional African societies have stressed the importance of age as a significant criterion for the attainment of authority, power, privilege, prestige and leadership positions in the community. In traditional Africa the older an individual became the higher were his chances for gaining upward mobility in the social hierarchies (Rwezaura, 1989). Even among women, the older one was the more powerful they became in their knowledge and involvement in practises such as female genital mutilation and preparation of young girls for marriage and control of young women in marriage.

Through a system of economic reciprocity, a person was able to use his wealth to attract additional dependants and thus to secure a greater degree of social security during old age. The ability of the older persons to control and mediate in traditional arrangements such as marriage of younger generations also meant that they remained powerful and wealthy even in old age. However, the security that the traditional arrangements used to provide is no longer there as activities such as marriage for example, no longer require the active participation of the older persons and to a larger extent they are no longer in control. The older persons are also no longer in control of valuable resources such as land, livestock and spiritual matters. Development policies in most countries have largely marginalised the older persons (Randel, German, & Ewing, 1999).

What do respondents think leads to institutionalisation?

The major reason given for being in an institution was destitution where an individual lacks all other support systems and thus cannot survive alone without the assistance of external bodies such as the government or the church. Only those who cannot work or fend for themselves must be institutionalised. Poverty is the common denominator for all the older persons who now occupy the same class position even if they used to be highly regarded during their prime years. There was also the belief that institutionalisation was only for those without children or those abandoned by relatives. Lack of education and unattractive employment such as farm working were deemed to be bad beginning points in life that predisposed one towards institutionalisation. One respondent argued "*kushaya chikoro ndizvo*

zvakananyanya kutipusisa - lack of education is what made us really foolish”.

Though almost all respondents have health concerns none of them voluntarily opted to be institutionalised for medical reasons. They were all ‘forced’ by circumstances into accepting their poverty and thus institutionalisation offered relief from thinking about daily survival.

What does it mean to be old in an old people’s home? The resultant meaning of institutionalisation

Institutionalisation was met with feelings of bitterness, anger, betrayal, shame, powerlessness and uselessness. Most respondents with relatives and children felt bitter because their relatives could not look after them and had agreed to their institutionalisation. Bitterness towards children was felt because generally in life one has children so that they will look after him/her when he/she is aged. When children failed to do so either intentionally or unintentionally they were resented. They argue that the very act of suggesting institutionalisation severs the relationship between parent and child. The parent looks at this act as ingratitude and also as suggesting that the parent is a witch or wizard. One older person argued that “*vana vemazuva ano kuzvara kana kusazvara zvakangofanana. Kusadiwa kunge muroyi. - Children of nowadays are just the same. Whether you have children or not is just the same. They hate you as if you are a wizard.*”

This respondent believed that there was a general disrespect towards old people among the younger generations such that one could no longer trust the children to look after him when he is aged. Therefore having them or not having them was the same since even those with children were later abandoned and dumped at an institution. Another belief by the respondent was that only those who are witches/wizards or dangerous to the family must be abandoned.

While the majority were bitter with their relatives, one man was bitter towards God. “*Mwari chikara anokohwa paasina kurima- chikara akandiseka*”. This means that God is a beast that reaps where he did not sow and laughs at the suffering of an individual.

Institutionalisation was also viewed as the end of the world. A male respondent maintained that “*Pano ndepedu pekufira. - This is our place to die*”. “*Pano pawaiting room - We are in a waiting room*”. These were common sentiments expressed by most respondents who felt that institutionalisation signalled death. It was evidence that one was about to die. There was therefore nothing to look forward to, except death because life was deemed to be only possible outside the institution and because most of them could not live outside (through subsistence farming etc.) they were closer to death. This death was a slow and painful one since the waiting could take up to ten or fifteen years.

Death always has an oxymoronic quality (Shneidman 1980). It is both feared and embraced at the same time. It was feared among older persons because one was dying in the wrong place, which was the institution. African family notions are against institutionalisation and being given a pauper’s burial. A pauper’s burial represents a bad death. A person must be buried by their relatives. This kind of death thus became punishment to some extent. It is embraced because it offers relief and is viewed as the ultimate payment for going after worldly pleasures. One respondent argued: “*Ndakamhanya nenyika ndisingazivi kuti nyika inoguma ...Kuguma kwenyika kuno uku - I ran after the pleasures of the world not knowing that the world will come to an end. Now it really has come to an end for me.*”

However, one woman embraced death because she thought she would finally be happy and have children that she could not have on earth due to her inability to conceive. Inability to conceive is not easily acceptable in a society that values children as the ultimate reason for marriage. Therefore failure to conceive is enough grounds for divorce. The woman concerned was divorced specifically for that.

Institutionalisation was also viewed as punishment for being promiscuous and bringing shame to family. This was mainly the attitude held by staff members at the institution. One general hand maintained: “*Majoki vese vese. Munhu anochembera asina mhuri ihure. Ava vechiBrandaya vanemishonga yavanonwa -They are all prostitutes. Anyone who becomes old without a family is a promiscuous. Those from Malawi have medicines that they use to increase their sexual libido.*”

There was no sense of sympathy from the staff members who already regarded institutionalisation as a sign of older persons’ irresponsibility and immorality because ‘responsible people’ must be cared for by their kin. Staff members knew that the older persons’ experience at the institution was also affected by their negative attitudes, such that one staff member actually commented that he would never allow his parent to be institutionalised. An institutionalised old person was viewed as troublesome, ungrateful and going through a second phase of childhood. The administrator highlighted that: “*Kuchengeta munhu achembera ibasa rinorema. Zvakafanana nekuchengeta mwana. Munhu asingazivi pauri kunokora. Haazivi kuti zviripo here kana kuti hapana. - Looking after an older person is a difficult task. It is similar to caring for a baby who does not know where you get things.*”

Staff at the institution also believed that an old person must not be sexually active. If one was active then they were branded as dangerous and a prostitute. Rumours and suspicions then circulated that one was HIV positive even without being tested. The matron at the institution argued that those who were sexually active were immoral which justifies why their relatives could not stay with them because such behaviour was shameful.

Life in an institution did not give an old person much choice. The institution was viewed as a jail and sometimes as even worse than a detention camp which at least provided magazines for study. Respondents' lack of free movement in and outside the home made them view their situation as that of bondage. Though they needed institutional help in terms of food, shelter, medication, they also needed to feel that they were still in control of their lives to some extent. The fact that management could decide on who associated with whom and when revealed that the older persons were not in control of their lives. Having a timetable that determined their activities also restricted their existences rendering the institution a total institution (Goffman 1971; Nyanguru 1990).

Another view from the older persons was that since they were now destitute they became "the government's people". This meant that they felt that they deserved better treatment because the government was responsible for their welfare. Some even went on to argue that as foreigners, they would resist repatriation if it were to take place because they contributed to the country's economy therefore they deserved retirement in an institution that provided them with all their needs. When one old man insisted on having his way, and was told that the institution did not belong to the government, he quickly asked to be transferred to a government institution where he felt he would be treated better.

What does institutionalisation deprive them of?

The main issues that respondents felt were they were deprived of were good food, sex, family and friends. The institution had an open door policy for relatives who were allowed to visit at any time. However, analysis of all the respondents' profiles shows that the few relatives they had rarely visited. If lucky, one could be visited once a year. The majority of relatives never came until after the older person's death. But because of the exorbitant funeral costs the relatives again preferred to be left out of the funeral arrangements and so the dead ended up being given a pauper's burial. Of the 14 deaths that took place during the research only two bodies were collected by relatives for burial. This explains the deep resentment that older persons had for their relatives. Most of them knew that they would be given a pauper's burial and thus denied a decent burial. Culturally such a death is a bad death and is not different from that of an animal.

Respondents complained that the food tasted bad since the relish was boiled without cooking oil. The staff members would cook their own food in different pots and this food had all the ingredients that were not added in the meals of the older persons. As a result some older persons claimed that the high number of cases of diarrhoea among them was a result of improperly cooked food. The matron also confirmed that there were cases of pellagra and malnutrition among older persons.

As a participant observer I participated in all the activities of my respondents which even included eating with them. The first time I ate their food I felt like vomiting because of the bad taste of this food. The administrator was apologetic saying that "*nhasi tirikudya nemuriwo*- today we are having sadza [a thick porridge made out of corn meal that is eaten with meat, vegetables, fish etc. It is the staple for black Zimbabweans] and choumolier [cabbage]" as if the menu really changes. The menu was the same every day except for Christmas day where a piece of chicken was served together with vegetables or on certain Sundays where they were served with chicken giblets. These innards were a special dish because the staff also wanted them and the older persons usually lost out. One day I overheard a nurse asking whether the older persons would have giblets for the day whereupon a cook promptly suggested that they (the staff) would rather be given these items than the "useless" older persons.

The older persons lost their freedom of association upon institutionalisation. This was especially true for male-female relationships that were not tolerated. Even those who were admitted as a couple ceased to be one upon institutionalisation if they could not produce a marriage certificate because it was believed that their arrangement was just a shameful *mapoto* (shacking up) arrangement. However, the older persons still felt that they could not be deprived of sex. One female respondent argued: "*Haungatirambidze zvataisidya kare - You can't deny us what we used to enjoy*". Another male maintained that "*nature is nature, it cannot be denied. Church rules (though it owns this institution) are theirs and should not apply to us*". Though most, if allowed would not really engage in sex because of ill health, they felt that companionship was necessary and psychologically satisfying.

Institutionalisation also deprived the older persons of decision making capacity even on small issues such as which clothes to wear and when to change them. They only changed clothes twice a week. Some did not even have individual clothes but these were communally shared. This was especially true for the older persons in the hospital C-section. In such an environment an individual quickly became a case and was depersonalised. They could be transferred from one home to another without the individual's consent. This transferring was usually done as punishment for misbehaviour. It was therefore an act of asserting authority by the administrators.

What do the older persons view as benefits of institutionalisation?

While there are many issues that the older persons felt they were deprived of, they were grateful for being at an institution that provided them with free medication, food, clothes and shelter. Some regarded the institution as an adequate retirement place because they ceased worrying about what they ate and when since this was decided by the home. One older person argued:

“*Kamwana kanokupa sadza kafarire. - You must appreciate a child who gives you food*”. This gratitude was a result of their awareness of their destitution and that their relatives abandoned them. They also got more time to relax, rest (which was especially necessary for those who were ill) and engage in activities such as weaving (four males were involved in that), gardening (two females and three males had small pieces of land where they grew tomatoes and other vegetables) etc. some of which are income generating. One older respondent felt that the older persons needed to be grateful and not troublesome since some behaviour could even be intolerable to one’s children. He felt that nurses and nurse aides suffered from burn out and stress which explains why they were sometimes rude to patients.

Discussion

The findings at *Tinerudo* do not lend support to the disengagement theory but actually directly oppose it. The disengagement theory postulates that both the individual and society mutually withdraw from one another as old age approaches. Disengagement is believed to be satisfying, intrinsic, inevitable and a unilateral process. Proponents claim that it allows society to replace its members, while at the same time aiding the older person to prepare for death. The theory stresses the developmental decline and disease (Green 1978). The older persons at *Tinerudo* still want to be part of the society. They want to marry and have happy lives. African norms have always stressed communality, unity and not segregation. Disengagement therefore could just be seen as an ideological justification for treating the older persons with disrespect and disdain.

The older persons at *Tinerudo* seem to have gone against the gift exchange custom which is characteristic of most African societies. Gift giving is a form of social security because gifts involve obligation. Cheater (1986) argued that there were three obligations that came with a gift; the obligation to give, the obligation to receive and the obligation to repay. It could be argued that since the older persons did not give during their prime years but preferred to ‘enjoy their lives’ without regard to their family and relatives; they therefore were not obliged to receive anything from the same relatives and friends. However, some of those who felt bitter expected to receive after having helped in the upbringing of their children and relatives. Their bitterness stems from the fact that the relatives did not honour their obligations by repaying or reciprocating the good deeds done by the respondents.

The implications of the study are many relating to policy issues at the institution. Some of the practices at the institution go against African norms, for example, clothes of dead people are only redistributed after some rituals have been performed. However, at the institution when an older person died clothes were just passed on to the living without any rituals being performed. Such

defiance of tradition further created suspicion that bad luck and ill health were bound to haunt those who wore such clothes, eventually resulting in their death.

There are moral questions that are raised by this study;

1. If these older people have only a few years left to live can they not be allowed to enjoy those few years with their companions or friends? Why would the institution demand a marriage certificate (in a society that strongly believes in customary unions) in order to allow a husband and wife to stay together?
2. Do outsiders have any right to condemn a local Non-Governmental Organisation (NGO) that is at least trying to provide basic needs to individuals who have been cast away by society and their own relatives or do they need to applaud and commend these efforts?
3. Is the government also not dumping these destitute old people on NGOs, especially if the government does not help with money and other resources needed for smooth service provision? Research revealed that the government only offered money for surgical operations done on older persons and a paltry amount (equivalent to less than US\$2) offered per month for each individual. The amount is so insignificant and useless to help ease the burdens of the institution. Bureaucratic red tape in government departments further makes it difficult to get the said paltry funds and those patients needing hip replacement operations, for example, usually died before the money was availed to the institution. Without the support from government it becomes difficult in a hyper-inflationary environment (this was before the adoption of the US dollar in 2009) for a church organisation to function alone.

Conclusion

The view that *Tinerudo* was a ‘waiting room’ was a result of the older persons’ evaluation of their obvious deterioration in health, advanced age and seeing ill people every day. Awareness of death resulted from seeing the mortuary which is part of the structural arrangements and occasionally being told that someone has died at *Tinerudo*. Too much time on one’s hands with nothing to do makes one go through a lot of soul searching and thinking, much of which are regrets. During the time of research there were no entertainment facilities that could help refresh the mind except for one television set in the sitting room. There were no books or magazines thus most older persons spent their time sitting or sleeping under trees, a few chatting, others weaving or gardening while the majority were always quiet, lonely and apathetic. Except for some occasional visits from a catholic priest (who brought cigarettes and sweets) and some charitable organisation intending to donate goods to the institution, the older persons hardly had visitors. Their contact with the outside world was either through the staff whom they engaged to sell their

wares or when a selected group of 'decent' older persons visited the Zimbabwe Broadcasting Corporation (ZBC) or were taken out for lunch by donors. Spending all the time confined to the institution with nothing to look forward to shows the restrictive nature of the institution.

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