



Elderly Women's Perceptions of People Living with AIDS under their Care: Case Study of

Makumbi Mission/Zimbabwe

By

Stella C. Takaza

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Supervisor: Charles. M. Dziro

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ABSTRACT

This study was undertaken at Makumbi Mission to assess elderly women's perceptions on people living with AIDS under their care. Recommendations for improvement were made to all stakeholders. The study assessed the traditional beliefs, values, reactions and attitudes held by elderly women and investigated the experiences in their transaction with people living with HIV and AIDS. An analysis on how people living with AIDS appreciate the services rendered to them by elderly women was made. A convenient sample of ten elderly women aged between 56 and 86 years was chosen basing on their availability and willingness to participate in the study. Ten people living with AIDS and ten key informants in the community were interviewed. Elderly women were found to have different perceptions on people living with AIDS. These perceptions were influenced by their economic status, their knowledge and traditional beliefs on the disease. The following views were held about AIDS; that it is a natural disease like any other diseases (60%), results from carelessness on one's life, is a disease of the prostitutes, from angered ancestral spirits and a punishment from God which accounted for 10% each. Knowledge and beliefs on HIV and AIDS varied, 60% cited Tuberculosis, 20% had knowledge about AIDS and 20% had no knowledge about the disease. Their reactions towards AIDS patients varied from mixed feelings {30%} and a greater number {70%} reported that they showed love and compassion. Challenges identified by the carers included lack of policy frameworks on elderly women care givers, resources, training, follow up visits by health professionals, and lack of motivation. To address the challenges experienced by care givers, the study recommended the urgency of calling on all stakeholders to work together rectifying unpopular misconceptions, beliefs, myths on people living with AIDS and the provision of adequate resources to care givers. The Government should come up with policy and legislation frameworks targeted at elderly women perceptions on people living with AIDS under their care.

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Dedication

I dedicate this dissertation to my dear mother, Sophia Bokosho and my sisters; who continuously encouraged me to take up the challenge. I also pay tribute to my late father Simon Bokosho who always had a passion for reading in his own way. This encouraged me to realise my strength and God given talent.



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DEFINITION OF KEY CONCEPTS

- **Elderly Women-** In this study, elderly women refers to those women aged 56 years and below the age of 86 years who have people living with AIDS under their care.
- **Older Persons-** These are a heterogeneous group of people who, due to their age, can no longer perform household work and they are living in a variety of situations.
- **Home Based Care-** This refers to any form of care given to the very sick people in their homes who are no longer able to take care of themselves.
- **Care Giver-** In this study, a caregiver is an elderly person aged above 56 years and below 86 years who cares for people living with AIDS who is unable to perform certain activities on their own.
- **Care giving-** In this study, care giving refers to providing care at home by elderly women care givers to the people living with AIDS.
- **Self –Care-** Activities of those individuals who initiate activities on their own behalf in maintaining life, health and wellbeing.
- **Perceptions-** Perceiving is a situation in which a person obtains knowledge through senses and the person participates actively and that perceived events are largely learned and depend on one's values, attitudes, experiences and expectations.
- **Social Support-** This refers to information leading a person to believe that he or she is being cared for, loved, esteemed, valued and belongs to a network of communication and mutual obligation.
- **HIV – Human Immunodeficiency Virus** which can eventually cause AIDS.

- Virus – A virus is defined as a microscopic organism that may cause disease in plants, animals or human beings.
- OVC - refers to “Orphans and other Vulnerable Children.” They include children who have lost parents or maybe, have lost one and the other parent is too sick to care for them or they themselves are very sick.

ABBREVIATIONS/ACRONYMS

1. AIDS- Acquired Immune Deficiency Syndrome.
2. ARVs- Antiretroviral. This is a drug that reduce the levels of HIV in the bloodstream
3. CDC-Centre for Disease Control
4. CRS-Catholic Relief Services
5. FAO- Food Agricultural Organization
6. FCA- Family Care Giver Alliance
7. FGD -Focus Group Discussion
8. HAZ- HelpAge Zimbabwe
9. HBC- Home Based Care
10. IDS- Institute for Development Studies
11. ILO- International Labour Organization
12. NACP- National AIDS Co-ordination Programme
13. NGO-Non Governmental Organizations
14. PDL- Poverty Datum Line
15. PLWHV- People living with the HIV and AIDS.
16. SAFAIDS-Southern Africa AIV and AIDS Information Dissemination Service
17. SARDC-Southern Africa Research and Documentation Centre
18. SJ-Society of Jesus
19. SJI - Sisters of the Infant Jesus
20. UNAIDS- United Nations Acquired Immune Deficiency Syndrome
21. UNICEF –United Nations Children’s Fund
22. UNDP- United Nation Development Programme
23. USA-United States of America
24. WHO- World Health Organization

25. YWCA- Young Women Christian Association

CHAPTER 1

Study Background

1.0 Introduction

HIV and AIDS epidemic has become a threat worldwide. The disease has spread globally, regionally and nationally, particularly in countries like Zimbabwe where grandmothers, aged above 56 and 86 years are a critical source of support to people living with AIDS. Elderly women are bound to hold different perceptions on people living with AIDS. In this chapter, an overview of the topic under study is given below.

1.1 Background of the Study

There are many reasons why elderly women continue providing care to people living with AIDS at the age when they are supposed to be retired. HIV and AIDS pandemic is perceived as a challenging responsibility which can only be shouldered by elderly women who have a wealth of experience in solving social problems in society. In the event that the illness is prolonging, elderly women are capable of giving guidance to family members when illnesses such as HIV and AIDS strikes in the family. Elderly women are well known for their wisdom in dealing with challenging issues such as terminal illness. Certain roles are also assigned to elderly women by reason of their traditional role of looking after children when mothers are working. According to the Zimbabwe Human Development Report (2004). Kethusegile, et al (2000), confirm that in most societies of the Southern Africa region, old age is associated with wisdom, authority and that elderly women are considered people who are informative and are respected by young people and those in authority. Hampson(1976) posits that, elderly women are well known for their capabilities and skills of diffusing tension in families when there is conflict or serious problems which are difficult to handle. With the HIV and AIDS pandemic, this often occurs when an illness strikes in the family or during an illness of a

family or community member and thus elderly women are regarded as being capable to look after terminally ill patients.

Again, elderly women take up the challenge of care giving because there is no one else in the family to take care of the sick, particularly in the rural areas. This is often understood that, the young and adult populations migrate to urban cities to work for survival or have gone abroad (Diaspora) with the hope of getting employment and send remittances back home. This gives elderly women credit which no one can replace within the family system. It is against this background that the aim of this study is to assess elderly women's perception on people living with AIDS under their care. The study will assess the traditional beliefs and attitudes held by elderly women in respect of HIV and AIDS and investigate the experiences elderly women encounter in their transaction with HIV and AIDS people. The study also analyses how people living with AIDS appreciate the services rendered to them by elderly women and explores different coping mechanisms employed by elderly women who have people living with AIDS under their care.

1.2 Statement of the Problem

Zimbabwe, like any other African countries continues to be deeply affected by the HIV and AIDS pandemic which poses a threat to elderly women who have people living with AIDS under their care. Often, the views of elderly women care givers above 56 and below 86years who care for people living with AIDS are under reported. For the past two decades, instead of elderly women being taken care of by their children, they are now a critical source of support for people living with AIDS. None of Government's HIV and AIDS policies and programmes makes explicit reference to elderly women's perceptions of people living with AIDS and Hampson, J. (1982) views that many stakeholders seem to make the subject of ageing and the

elderly a very unimportant issue. This is a gap that needs to be filled through this research in Makumbi Mission/ Domboshava, Mashonaland East, 40km from Harare.

1.3 Justification of the Study

This study was prompted by the observations made by the researcher where elderly women above the age 56 and below 86 years are called upon to take care of their dying sons and daughters who contract HIV and AIDS. Many studies conducted elsewhere including countries like Zimbabwe show that there are dramatic steps by the government in crafting policies and legislation frameworks on other issues of less importance, without taking into cognisance the critical issues regarding elderly women's perceptions on people living with AIDS. Contrary to these researches, elderly women's perceptions of people living with AIDS have been overlooked by the previous studies conducted so far.

Byamugisha et al, (2002) conducted a study on Church-based responses to HIV and AIDS in three Southern African countries which show that elderly women are a critical source of support for people living with AIDS. In all the studies conducted in the Southern Africa region, in which ever country, town and village, one goes to; elderly women's perceptions on people living with AIDS are under researched. Another study was conducted in the Sub-Saharan Africa by Akintola, (2010) which revealed that for the past two decades, there is more concentration on HIV and AIDS infections and curative measures that are occurring most frequently among young and adults while overlooking topic under study.

Nationally, another study established that the Government Health Institutions and Non Governmental Organizations are reported to have been so slow to position themselves for a more concerted effort on the HIV and AIDS pandemic(Zimbabwe Human Development Report,2003).

Rusasanhiko (2006) conducted a similar study in Bulili and Mangwe Districts in Zimbabwe on older persons who have people living with AIDS in relation to their ages and the support they receive. The study revealed that, one in ten of the guardians interviewed were aged 65 years and above, and happened to be taking care of terminally ill patients with many other Orphans and Vulnerable Children (OVCs) under their care. In Mashonaland East district where the study was conducted, there are no known similar studies conducted on elderly women's perceptions on people living with AIDS. Hence there is enough justification for the study to be conducted in Makumbi Mission/Zimbabwe. The study will be of great value to all groups and scholars who will carry out similar researches. Most importantly, the study will form the basis for policy making by the Government and programming by Non Governmental Organizations, Professional Health/ Social Workers, Missionaries, Sociologists and Educationalists. Indeed, anyone who is interested in elderly women's perceptions on people living with AIDS will find the results of this particular study quite useful.

1.4 Aim and Objective of the Study

The aim of the study is to assess elderly women's perceptions on people living with AIDS under their care.

Objectives

1. To assess traditional beliefs and attitudes held by elderly women in respect of HIV and AIDS.
2. To investigate the experiences that elderly women counter in their transaction with HIV and AIDS people.
3. To analyse how people living with AIDS appreciate the services rendered to them by elderly women care givers.
4. To explore different coping mechanisms by the elderly women care givers.

1.5 Theoretical Framework

Theories are broad explanations to make sense of a range of phenomena in the world {Bisman and Hardcastle, {1999}. Literature reveals a number of theories put forward to explain certain phenomena in relation to women as an entity. Such theories include the feminist perspective and social constructivist perspective to mention but a few. The current study adopts the social constructivist perspective which was developed by Berger, P. and Luckmann, T. {1966}. In this study, social constructivism approach refers to social interaction that takes place when there is a serious or abnormal illness, like anything out of the ordinary and is beyond the scope of human understanding. Often, ordinary people in society find their own ways of explaining and understanding certain concepts of the phenomenon through social interaction.

The concept of social constructivism means that; the reality of the problem is not objective and exterior but is socially constructed and is given meaning by people during social interaction. People socially construct their own understanding of a certain phenomenon while performing their daily activities such as, for example in rural areas they could be fetching water from distant wells, and cultivating vegetables in their gardens and sitting leisurely

under a house or tree shed. Social interaction helps them to understand certain phenomena which are new to them. For this reason, social constructivism is applied to elderly women care givers who have AIDS patients under their care and is appropriate for this study.

1.6 Conclusion

In this introductory chapter, the topic, statement of the problem, justification and purpose of the study were introduced. The next chapter reviews the literature on the various aspects of the topic under study.

CHAPTER 2

Literature Review

2.0 Introduction

This chapter reviews the literature by other researchers. Literature review is a process that involves reviewing relevant literature to gain a broad background or understanding of the information that is available related to the problem (Burns and Grove, 1997). This chapter gives the global, regional and national demographic overview on aging population. Basic concepts on elderly women, primacy of care and care giving is given. Elderly women's perceptions of people living with HIV and AIDS are discussed from the global, regional and national perspectives. The chapter further examines the sanctioned cultural practices and elderly women's perceptions and policy gaps in relation to elderly women's perceptions of people living with AIDs under their care. A conclusion is drawn from the discussion.

2.0 The Demographic Overview of Aging Population

2.1 Definitions of Older Persons and Care Giving

According to Madzingira, N. {2006}, the term older person is applied to different age categories in different countries and the age cut off point may be based on chronological/pensionable age. Chronological age refers to the age of retirement which is often 65 years while in some countries; the term applies to people aged 60 years and above (Madzingira, N. 2006). According to Kinnaird (1981), aging is both a process and state resulting from that process with profound psychological significance. Rice, F. {?} posits that aging is programmed by the limited capacities of cells in the body to replace them and anyone cannot get off safely or stop anyone from aging. The age at which people become 'old' and are unable to perform their duties and perceive different issues vary with the

amount of work the person is involved in and the available medical attention accorded to the aging population (Ainlay,1989). Heslop and Gorman (2002), propounded that; aging is associated with the reduced capacity to work, arising from the ageing process and that it is a status which very few, if any, can be expected to escape. All aging populations worldwide undergo through the same aging process of cell degeneration. It is for this reason that, perspectives on aging apply to both generations in both the developed and Third World countries.

2.2 The Aging Population: A Global Overview

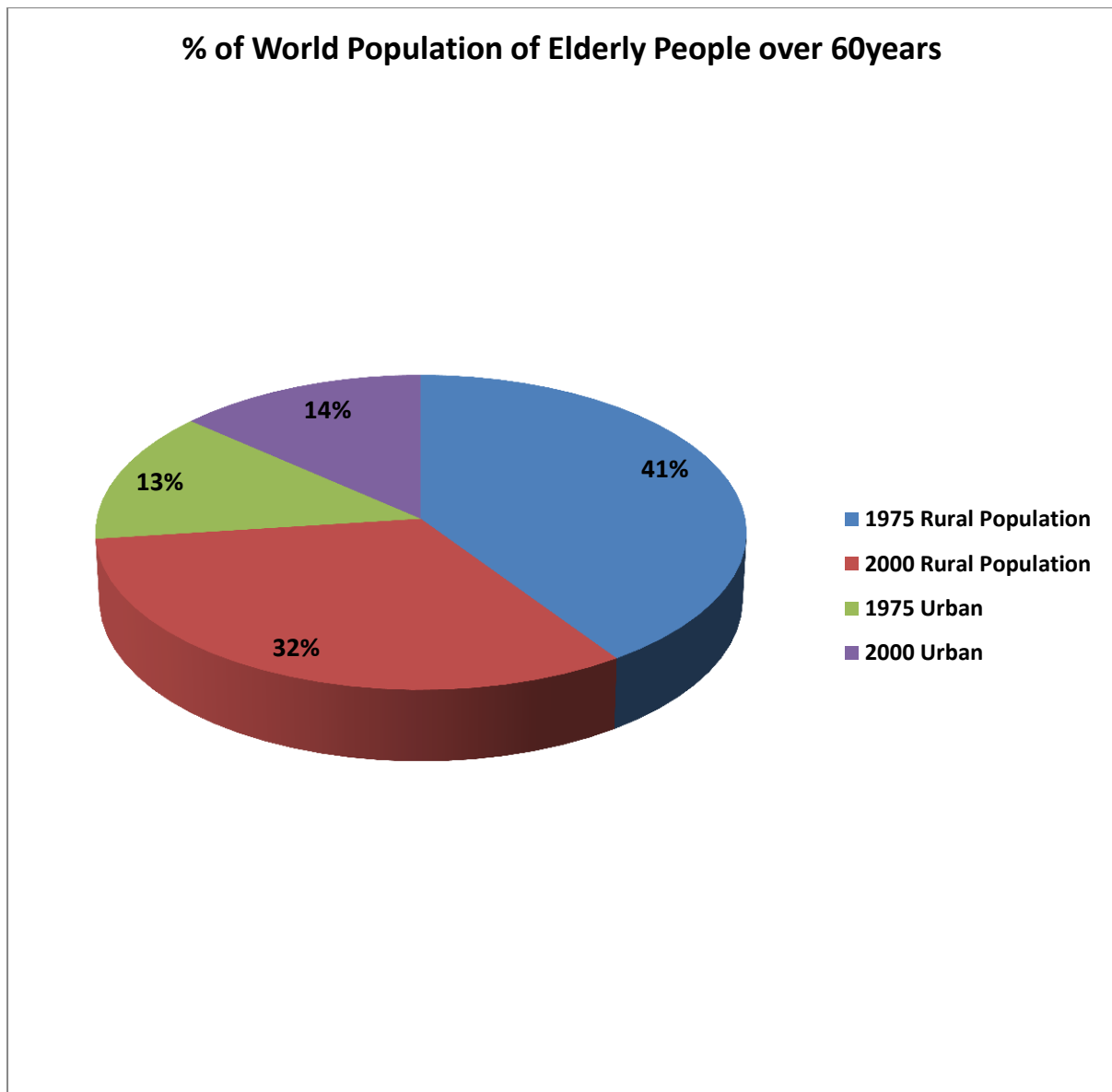
The most profound perspectives on aging state that, globally, regionally and nationally, the aging population will continue to increase in numbers rather than decreasing. For example, Hampson {1975}, posits that the projection of world population for older persons will increase three fold in the decades ahead and that; between 1975 and 2000, at least 60% of the population will be living in developing countries; which is an increase of 116%. Although different authors suggest that population projections are not predictions, but rather illustrations of “what if scenarios” (Nankwanga et al, 2009), there are dramatic changes in aging population globally, regionally and nationally.

According to the United Nations (1994; 1995) cited in Madzingira, N. (2006), the world faces a dramatic ageing of its population due to declining fertility and mortality, and the consequent increase in life expectancy at birth. The aging population continues to increase worldwide and the magnitude of the problem of aging population affects the entire nation. After 1975, the world’s aged population became more concentrated in developing regions including Africa (Madzingira, N. 2006). As indicated by the UN (1988:1994: 1998) cited in Madzingira, N. (2006), by 2025, the absolute number of older persons will double to 1, 2

billion, constituting about 14% of the total population of the world and that 71% will be living in developing regions.

In some parts of the world particularly the Sub Saharan Africa, there are projections which help to explain the same scenario. For instance; Hampson suggests that the statistics of aging populations over the age of 60 years and above worldwide is projected to increase from 1975 to 2000. The statistics of the World Aging Population is tabled below;

Table 1: The World Aging Population



Source of statistical figures: Elderly People and Social Welfare in Zimbabwe by Hampson J., (1975).

2.3 The Demographic Ageing Population: A Regional Overview

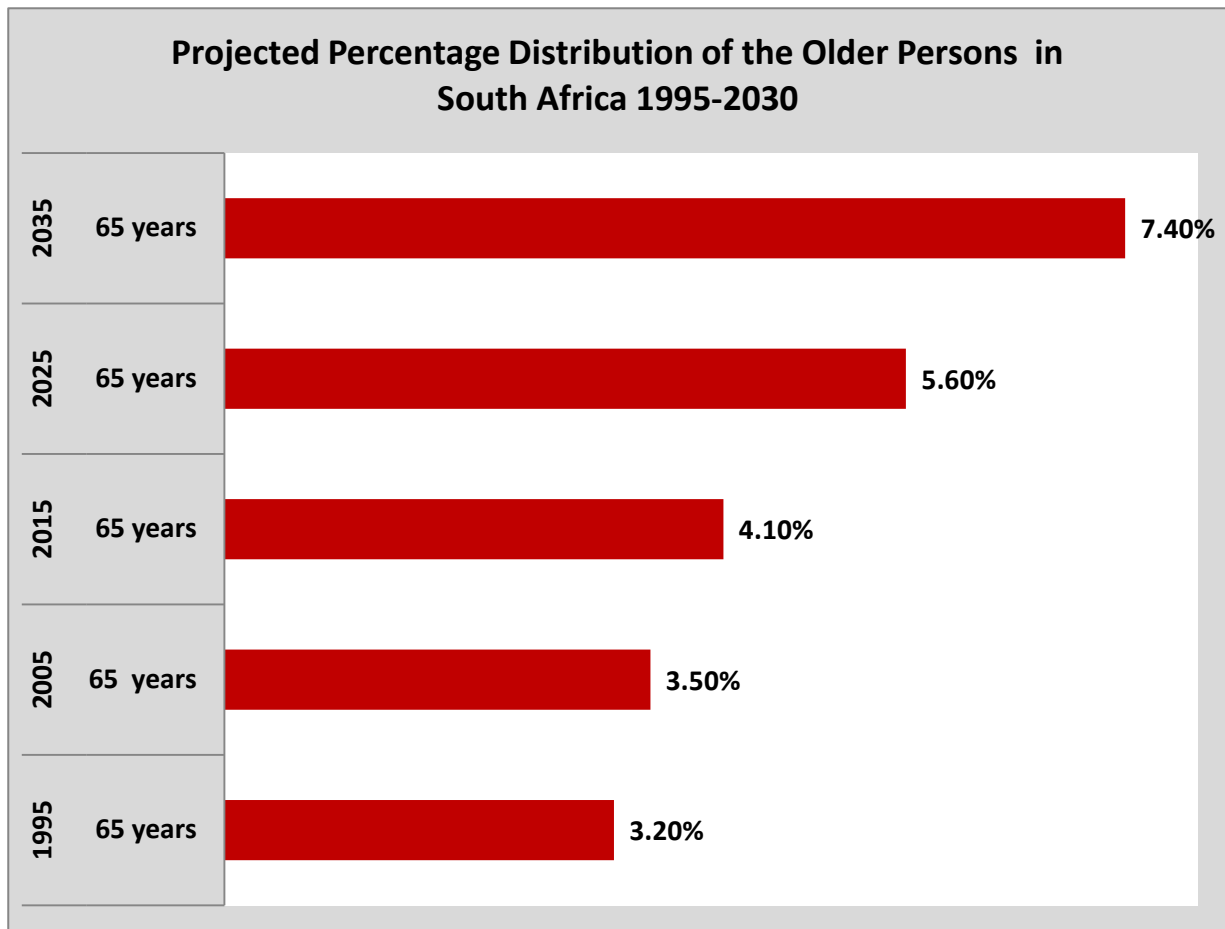
In Southern Africa region, countries such as Botswana and South Africa have been selected to illustrate the scenario of aging population because they both have very high prevalence rate of aging population (Nangwara et al, (2002)). Similarly, Kussum Datta et al (1998) conducted a study on elderly people in Botswana which established that the number of elderly people in Botswana has increased dramatically. The proportion of elderly people within the total population has risen only slightly from 4.4% in 1971 to 4.7% in 1991, refuting that fertility rates have only recently started to decline. The UN and the US Bureau of Census made projections with HIV and AIDS in Botswana because it is taken as a living and practical example in the Sub Saharan Africa. Kussum et al further propounded that the total population including the elderly in developing countries will continue to increase both in proportion and in numbers.

According to Nankwanga et al, the impact on the total population of differences in the mortality assumptions on HIV and AIDS are statistically reflected internationally, regionally and nationally. With regards to the United Nations Projection, the total population continues to grow slightly {9% in 20 years}, whereas in the Bureau of Census scenario, it declines by 16% over the same 20 year period. Quite interestingly, a number of studies show that; the rate at which people are aging is projected to increase tremendously in the decades ahead than what it is for now. The current situation reveals that, as the young generation is dying, aging population will still be found doing care giving work, even if according to Rice, some cells in

their bodies particularly those in the brain system will not be reproducing and they will be advancing in age.

Hofmeyer et al,(1991-1992) conducted a study in South Africa. The study established that in South Africa, there are many aging people, just like in any other parts of the world. The aging population in South Africa is increasing rather than decreasing in a region which is affected by the HIV and AIDS pandemic which is disproportionately affecting people who are more likely to live in rural poor conditions. According to Hofmeyer et al, (1991-1992), the table from 1995 to 2035 shows that the number of aging people increased in 1995 from 3.2% and continues to increase by 7.4% in 2035 and is showing the distribution of the aging population by percentage.

Table 2: Projected Percentage Distribution of the elderly from 1995 to 2030 in South Africa



Source of the projection figures: Multidimensional Survey of Elderly in South Africa 1990-1991 by Hofmeyr and Mostert (1992 pg 23)

2.4 The Demographic Aging Population in Zimbabwe

Aging is a common phenomenon worldwide, particularly in African countries like Zimbabwe. According to Madzingira, N. (2006), the population of Zimbabwe which was estimated to be 11.8 million in 1997 (CSO, 1998), is projected with AIDS to increase to 13.8 million in 2005 and to 19.3 million in 2025. The United Nations (1998) cited in Madzingira argues that without AIDS, population would be 15million for 2005 and 22.1million for 2025 giving a difference of 8.2% and 12.6% respectively. Among this population figures, there are older persons, particularly elderly women who continue to shoulder the burden of care giving

for people living with AIDS and the problem is becoming bigger and bigger rather than decreasing.

2.5 The Concepts of Elderly Women and Care Giving

In this study, the term elderly women care givers refer to elderly women who are above the age of 56 years and below the age of 86 years and have people living with AIDS under their care. Akintola, (2011) defines a care giver as someone who provides assistance to someone who is incapacitated for self care. Even if elderly women have reached a pensionable age, they provide care to people living with AIDS, who are unable to perform certain activities on their own. Care is provided by elderly women in the above category and are neither paid for the work they perform to patients under their care nor given any incentives to motivate them. The above scenario suggests that the number of ageing population is increasing while the number of people living with AIDS is increasing which suggests that there will be more elderly people providing Home Based Care (HBC) which has become a major strategy particularly in African countries like Zimbabwe where HIV and AIDS is claiming many lives of young people.

There is an increase in the percentage of aging population, particularly elderly women who have people living with AIDS under their care. Wilson et al, (1993) and the Zimbabwe Human Development Report (HDR, (2003) posit that; even a frail grandmother could make herself useful by just being there with children or with the very sick person while the mother goes to fetch water or helped to ease the pressure on young mothers within their family systems. Hence, this phenomenon entails that elderly women continue to assume the responsibility of care giving to people living with AIDS at an alarming rate. Since elderly

women have limited coping mechanisms and capabilities due to their age and chronic poverty, they are bound to hold different attitudes, reactions, traditional beliefs, reactions and negative attitudes on people living with AIDS under their care which result in strained relationships and poor quality care.

2.6 Elderly Women's Perceptions on People Living with AIDS

The act of perceiving is the one in which a person is totally involved and in which she or he participates actively and that perceived events are largely learned and depend on one's values, attitudes, beliefs, experiences and expectations in society {Bruun,1994}.By reason of their age, elderly women care givers are not likely to have had the chance to further their education and are therefore illiterate. They learn effectively through social construction which is a perspective developed by Berger et al, (1966). They socially interact and discuss among themselves about certain phenomena new to them. As they socially interact whilst they care for their spouses, sons, daughters or relatives living with AIDS, elderly women are bound to acquire or hold certain attitudes, values, beliefs and reactions about HIV and AIDS pandemic. Their understanding of the disease which is new to them is socially constructed and given meaning which they are able to explain and understand in their own way. This occurs during the time when they are providing the primacy of care or Home Based Care.

Elderly women care givers sit leisurely under a home shed or while carrying out their domestic chores and socially construct their understanding of the pandemic and the primacy of care they provide to people living with AIDS. They sit and discuss about the seriousness of the HIV and AIDS which was diagnosed two decades ago and is claiming the lives of their spouses, sons and daughters in droves. They therefore create their own understanding and

interpretation of the disease and care giving experiences in the home. Even though elderly women acquire different attitudes, beliefs, and reactions towards people living with AIDS, they provide Home Based care to people living with AIDS under difficult circumstances.

Sometimes elderly women experience serious problems such as emotional experiences and economic stresses in caring for the very sick people in the home. These lead those to holding different attitudes and reactions towards their patients and are bound to hold different perceptions on people living with AIDS if they do not have appropriate skills in care giving.

2.7 The Primacy of Care

Since the abilities of self care for people living with AIDS are often inhibited due to long illness, elderly women endeavour to provide the primacy of care to people living with AIDS through Home Based Care {HBC}. Benner and Wrubel, {1984} define the primacy of care as something that gives life, meaning and fuses a person's thoughts, feelings, beliefs, attitudes, actions and reactions that matter to his or her life during the care giving period. Elderly women who are already too weak to assume the responsibility of care giving socially construct their own understanding of the illness which is new to them. This is happening at the time when elderly women are supposed to be retired. In such circumstances, elderly women are left with no option but to take care for their spouses, sons and daughters under very difficult circumstances. Generally, this is tolerated by the family members and community, even if the patient had been working in the city for many years and was not coming home or sending remittances back home. Though they can still smile, elderly women find it difficult to cope since their psychological, physical, and emotional and poverty reduction strategies are limited due to their age.

If proper care is not provided adequately, terminally ill patients end up with lots of sores and some patients may be affected by hypothermia. By definition, hypothermia refers to low body temperature that is below normal (35degrees Celsius) and people living with AIDS who spend a lot of time in bed can develop pressure sores or bed sore {St Johns Ambulance Harare, 2010} and people may avoid them. Due to their age, elderly women care givers who look after people living with AIDS often lack proper skills and are usually not aware of the problem, resulting in them getting physically and emotionally strained. The situation leads them to failing in coping well with the situation, resulting in elderly women care givers holding different perceptions on people living with AIDS under their care.

2.8 Home Based Care for people living with AIDS

The National AIDS Co-ordination Programme (NACP) and the Zimbabwe Ministry of Health and Child Welfare, (2001) state that; Home Based Care is holistic care which enables the individual and family to provide basic needs of the patients in order for them to cope well with the illness at home while building on other existing community support systems. Kalibaba et al, (1993), describe Home Based Care as a strategy which provides appropriate and holistic care to people who are terminally ill in the home. Through Home Based Care, there are basic needs which are provided to the patient such as food, love, compassion, acceptance, security and a sense of belonging which can be provided by elderly women care givers. The other type of services provided include; general hygiene, medication, proper nutrition, application of universal precautions to prevent transmission and education of family members on prevention of AIDS transmission and is a form of care given to the very sick people in their homes. The approach is regarded as the best strategy in providing care to

people living with AIDS who are no longer able to provide self care. Available literature on home care giving shows that at home, patients and their relatives and in most cases, elderly women care givers spend as much time together as they want with the patient, whereas in hospitals, time is limited and relatives visit their patients following the time table of the hospital. According to Velin and Cruz, {2001}, the care at home allows patients to go wherever they want to go and they can take on responsibilities as they can manage. The study also shows that home care by elderly women reduces feelings of being hopeless and being unwanted by their family members and society, which is not the case in a hospital setting. Velin and Cruz view that at home, their diet can be monitored easily, home cooked food is usually better for their health and home based care is cheaper for the family. The family is always available to assist the patient in the home whenever possible.

In the event that the illness is prolonging and has gone beyond the social capabilities of the family members, elderly women care givers socially construct the cause of the disease. The family, elderly women care givers in particular, take the patient to the prophets or traditional herbalists with the hope that the patient will get better. However, when the traditional sector fails, the patient still returns back to the family for Home Based Care as long as the patient continues to be ill. The patient can no longer go back to the hospital because of many challenges in the family and community such as poverty, high cost of hospital bills, stigma, transport problems and lack of hope that the hospital will provide any meaningful help (ZHDR, 2003). In as much as elderly women are vulnerable, invisible, isolated, discriminated and stigmatised, they are often called upon to provide quality care to their patients. More often, when the illness is prolonging and is exhausting all the resources, Home Based Care System continues to provide a home for the terminally ill patient. As elderly women experience crisis in watching their spouses, sons/daughters living with AIDS die, they

become over burdened and strained. Despite the fact that their views and expectations are misrepresented, particularly in policy formulation and programming, the elderly women care givers cannot even afford transport to ferry their patients to the hospital for treatment or they do not have proper medication. Elderly women continue to provide care to their patients under discordant conditions, but still hoping that the patient will get better.

2.9. Elderly Women's Perceptions -The Global Overview

Globally, the International Federation on Aging (IFA) organized a conference on Aging Population in Copenhagen, Denmark in 1989 and highlighted some of the values they cherish and their problems and experiences they face in recent years, at a time when they are supposed to be retired, respected and taken care of by the society. Some of their views were based on challenges and experiences related to chronic poverty, values, attitudes and reactions they encounter in society. Most importantly, their concern was that there are no sound policies and legislation frameworks that guide and protect the rights of older persons worldwide, particularly in developing countries.

According to FAO, (2010), this is also reflected in the very concept of UNAIDS and its co-sponsors, who range from the World Bank, UNDP, ILO, WHO, UNESCO among others, who are not taking into cognisance the views of elderly women who care for AIDS patients.

A study conducted by UNAIDS (2000) shows that the views of older persons and elderly women in particular are not adequately studied and published. The study established that, in spite of the oversight, no organisation specifically represents the views, attitudes, beliefs and expectations of elderly women care givers at all levels. Even so, several studies show that, the United Nations has an aging unit and has taken a very active role in combating HIV and AIDS epidemics facing the nation worldwide. However, UNAIDS is challenged to have been

concentrating on fighting HIV and AIDS infection and has overlooked the elderly women's perceptions on people living with AIDS. Similarly, their coping mechanisms and how people living with AIDS appreciate the services rendered to them by elderly women are of low priority and is considered something out of the way. There is an increase in different problems experienced by elderly women carers and it is noted with concern that, if this oversight on elderly women's perceptions on people living with AIDS under their care is not addressed now, there will be misconceptions which are likely to haunt the nation in the decades ahead as many people will continue to die. Hence, this study seeks to fill the gap that relates to elderly women's perceptions on people living with AIDS under their care that have been overlooked by governments and the international community for the past two decades.

2.10 Elderly Women's Perceptions – A Regional Overview

Regionally, there are different perceptions that elderly women hold towards people living with AIDS under their care. Kemp, (2005) conducted a study on care giving in the context of HIV and AIDS: Perceptions of Kenyan grandparents of Orpha. The study revealed that elderly women caregivers have limited knowledge on HIV and AIDS as a disease, but are eager to learn and seek to increase their care giving knowledge and capacities. In fact, it was observed that some elderly women care givers lack knowledge on the best care giving practices and have limited resources to care for their loved ones who are terminally ill. As a result, they are likely to hold different attitudes and traditional beliefs on people living with AIDS under their care.

A similar study on older persons and care giving was conducted by Mayo Clinic, {2005}. The study revealed that HIV and AIDS awareness and education is rarely given to older persons, which exposes them to dangers of infection when they do not protect themselves

during care giving practices. It is revealed that if this problem is not rectified, elderly women will continue to hold different attitudes and reactions towards people living with AIDS under their care. Mayo Clinic studies show that for many years, the seriousness and prevalence of AIDS and their traditional views, and beliefs on people living with AIDS is not completely understood, not only by the public but also by the elderly women themselves who have different views and sentiments on the pandemic. Their perceptions on people living with AIDS have been overlooked for the past two decades from the time HIV and AIDS was diagnosed in the USA and world over. As elderly women socially construct their own understanding of the illness, they acquire unpopular myths, attitudes, values and reactions towards people living with AIDS which previous studies have not been assessed before. Hence there is need to conduct a study which helps to fill this gap in adequate detail long before than now.

Nankwanga et al, (2005) conducted a similar study in Uganda, where HIV and AIDS had reached its peak or high level of prevalence and affected all classes in the rural areas of the north and south due to extreme poverty, civil war and mass movements of people. The study revealed that AIDS was regarded as an urban problem which is taken to the rural areas when the person is unable to work or the patient is incapable for self care. These were different views not only by older persons themselves but by elderly women care givers as well because when young people get sick in towns, they are sent back to the rural areas where elderly women assume the responsibility of caring for AIDS patients. The majority of elderly women perform their care giving responsibilities which they do under extreme poverty, vulnerability, stigma and discrimination among their own communities. These results in elderly women care givers holding different perceptions towards people living with AIDS under their care. Previous studies show that there are some cases which show on how some of the parents ill

treat and avoid their children who have contracted the disease. Akintola, {2010} conducted a study which revealed that, a young lady reported on how her mother would not even let her children go near.....She told the researcher with her own mouth, with tears running down her cheeks. Under such circumstances, negative views of the carer on the person living with AIDS would have been pronounced and declared but not estimated. Hence, this study is going to assess elderly women's perceptions on people living with AIDS under their care in greater detail.

In the Sub Saharan Africa, Tarimo, (2009) conducted a study which revealed that caregivers, predominantly women experience severe economic burdens in care giving and sometimes they depend on food cultivation which is unreliable in some years. However, the Tarimo study concluded that spending more time on care giving for AIDS patients undermine the ability of elderly women to work in their own fields, thereby creating food insecurity, hunger and poverty. The poor quality care is not likely to be appreciated by people living with AIDS under their care. In such a scenario, elderly women are bound to hold different attitudes, beliefs and reactions towards people living with AIDS under their care. In developing countries like Zimbabwe, this becomes one of the main challenges which elderly women encounter in their transactions with people living with AIDS. They are likely to believe that the person who contracted HIV and AIDS was irresponsible in behaviour and this compromises the care giver-patient relationship.

The Southern Africa Research and Documentation Centre, (1997-1998) conducted regional qualitative studies in selected countries such as Namibia, Botswana, Malawi, Swaziland, and South Africa on the impact of HIV and AIDS on elderly women as care givers. The

qualitative studies show that, elderly women care givers have different views on people who contract the disease which they do not understand and they do not benefit directly from programs that are meant to combat or reduce the impact of HIV and AIDS. The studies established that, elderly women are not even involved in the formulation, design, delivery of policies and monitoring and evaluation of HIV and AIDS care programs. As they are even left with nothing to fall back on in their challenging care giving activities, these result in poor quality of services rendered to people living with AIDS. As if that is not enough, they are not even provided with resources to cope well during the time of economic challenges and they are not even involved in matters which affect them. Therefore, they remain isolated, invisible and marginalized in every aspect and they are likely to hold different perceptions on people living with AIDS under their care.

Whiteside and Sunter (2001) conducted a study in the Sub Saharan Africa which had experienced successive epidemic waves of HIV and AIDS than other African countries of the North due to factors such as migration, informal trading and human trafficking. The results indicate that there are many people in the North and Central Africa who are flocking to the Southern Africa region either for political or economic reasons. It is observed that migration transcends national and international borders and this is one of the contributing factors to the spread of HIV and AIDS in the Sub Saharan region and thus increases the number of elderly women who assume the responsibility of care giving. For example, a survey of bus and truck drivers in the region revealed that; on average, drivers spent two weeks away from home on each trip. Almost two thirds (62%) had sex during the trip; while a quarter had sex every night they were away from their families(Futures Group International 1999).A similar study was conducted by FHI (2003) in the four border posts of Messina (South Africa), Beit Bridge

(Zimbabwe), and Chirundu(Zambia and Zimbabwe). The study revealed that 90% of the informal traders in Messina are Zimbabwean women who endeavor to supplement their income at night through sex work. The study shows that the sex industry in Messina, Beit Bridge and Chirundu border posts makes the towns living examples of HIV and AIDS vulnerability (Zimbabwe Human Development Report 2003).

However, the above scenario clearly indicates that the rate of people contracting HIV and AIDS who will need care continues to increase at an alarming rate and the responsibility is shouldered on elderly women above 56 and below 86 years who are invisible, marginalized and isolated. Elderly women shoulder the burden of caring for their sons and daughters who cross regional borders and when they come back; they are ill and are unable to provide self care or perform any other economic activities for their families to survive. Due to poverty, elderly women shoulder the burden of care giving for people living with AIDS and they are forced to hold different views about their children who are dying in large numbers. Their misconceptions and attitudes are worsened by the fact that their views are not acclaimed by the policy makers or they are not even asked to say what they think about their sons and daughters who are falling prey to all these calamities in search of economic survival. So far, there are no qualitative studies conducted on perceptions of elderly women care givers {above 56years and below 86years} on people living with AIDS under their care, hence this study is justified.

Another study on the effects of HIV and AIDS and migration between Hlabisa and Carletonville in South Africa shows that the majority of migrant workers within the transport industry are mobile personnel who spend most of their time away from their families which places them among high risk groups for sexually transmitted infections (STIs) and HIV and

AIDS (Velin and Cruz (2001)).The conclusion of the study revealed that; by the end of 2009, there were 22.5 million people living with HIV and AIDS in Sub Saharan Africa. The report also concluded that; during the same period, statistics estimated that 1.3 million people died of HIV and AIDS and almost 90% of the 16.6million children orphaned by HIV and AIDS live in Southern Africa. Projections to the year 2012also suggest that more people will continue to die of HIV and AIDS and millions of older persons in the Sub Saharan Africa will continue weeping because of the AIDS pandemic. In this scenario, elderly women will continue shouldering the burden of their dying spouses, sons/daughters and relatives while they are facing conditions of extreme poverty and emotional stress. The views of the elderly women are not studied to assess their perceptions on people living with AIDS under their care as well as to ascertain their opinions and experiences they go through.

Williams and Sefako (2005), conducted a study in Lesotho which revealed that, people living with AIDS in Southern Africa including Zimbabwe are not supported highly through successful Home-Based Care and counselling programs that assist people living with AIDS and their children. Moyo S.,(2005) argues that people still lack knowledge about HIV and AIDS and palliative care skills. Further information on the study shows that people living with AIDS are not likely to appreciate the services rendered to them, resulting in care givers developing different attitudes and reactions towards people living with AIDS under their care. Often, elderly women have their own understanding and interpretation of the disease which they socially construct as developed by Berger and Luckmann and has not yet been assessed or taken care of by the previous studies. When elderly women lack knowledge on HIV and AIDS, they socially construct their own understanding of the disease among themselves and different perceptions are bound to occur which is a wakeup call and aim of this study.

Mukangara and Koda, (1997), conducted a study in Tanzania to investigate the experiences that elderly women encounter in their transaction with people living with AIDS. The study revealed that vulnerability and stigma of older persons are some of the serious problems faced by elderly women care givers who have AIDS patients under their care. The study revealed that, HIV and AIDS is a serious illness which is considered something out of the ordinary and is a disease which they do not understand. Elderly women lack capabilities and skills to handle such a challenge due to the magnitude of the problem including fear of contracting HIV and ADS infection. Even other previous studies revealed that elderly women are at risk of contracting infection and a much larger number is affected through the illness or death of a spouse, son/daughter or relative whom they care without precautionary measures. Several other observations generated in this study are indicative of negative attitudes, negative reactions, discrimination and isolation among elderly women care givers which leads them to providing poor quality care which is not appreciated by people living with AIDS. Hence they are bound to hold different views and reactions towards people living with AIDS which affect quality care.

Rusakaniko, (2006) conducted a baseline survey in Uganda to explore the coping mechanisms of elderly women in care giving. The study revealed that the problem of HIV and AIDS pandemic was getting worse with most of the care givers reporting that they saw an increase in a number of people living with AIDS who needed care. A survey on experiences in care giving conducted by the Young Women Christian Association (2011) of Sierra Leon added to what Mwinituo in Ghana said; that poverty, isolation, stigmatization and discrimination of people living with AIDS remain a serious problem, particularly in most African countries. The results of the above studies conducted confirm that elderly women are

likely to hold different perceptions on people living with AIDS and this affect the quality of care to the extent that, patients do not appreciate the services rendered to them by elderly women. Pointexter, (1999) conducted a study in North Africa on attitudes and beliefs on people living with AIDS in their families who had once had HIV and AIDS patients in their families. The study findings show that, a larger number of the respondents did not believe in the existence of HIV and AIDS as a disease. More so, a greater number of people did not have adequate knowledge on how the virus is contracted, spread and how to avoid or control the disease. Some of the respondents believed that HIV and AIDS can only be contracted through social contacts like eating, conversing and associating with an AIDS patient. Further investigations revealed that some families, especially mothers who had people living with AIDS in their households, were forbidding their children to go near a person living with AIDS for fear of contracting the disease (Pointexter, 1999). Hence, the study in Makumbi Mission endeavours to go deeper than what the previous studies have done and goes further to address the topic under study.

Bazira et al, (2007) conducted similar qualitative studies to examine the experiences and challenges that elderly women caregivers encounter in their transaction with people living with AIDS with their families who care for them. The studies revealed that 16% of women interviewed reported having stress in care giving responsibilities, 21% of older care givers above 65 years reported a higher degree of physical strain, severe emotional stress which are said to result from financial hardships, social isolation, physical and mental strain and constant worry about the future of their lives and the lives of their patients. Above all, they experience challenges of shame and doubt associated with HIV and AIDS which creates tremendous distress for older family caregivers and strained familial relationships.

The Southern Africa Research and Documentation Centre (1999-2000) conducted regional surveys in selected countries such as Namibia, Botswana, Malawi, Swaziland, and South Africa on the impact of HIV and AIDS on elderly women as care givers. The studies revealed that elderly women take care of those who get sick in towns and they are sending back to the rural areas to be taken care of by the elderly women who already have other dependents in need of care. According to the study findings, this even occurs when the affected person was not supporting the family in the rural areas and only to come back in a serious condition without anything to fall back on when they are not able to work for themselves. In most cases, patients are considered a burden to an elderly woman who has limited coping mechanisms which she can employ in the rural areas where there are limited resources. This result in patients not appreciating the services rendered to them by their care givers which is a serious concern of this study.

In 2011, HelpAge Zimbabwe commemorated the United Nations Day for Older Persons at the Harare Gardens. The theme of the commemoration was; *“Addressing the Growing Challenges and Opportunities of Ageing: A Call for an enabling Legislation”*. During the commemoration proceedings, different views on ageing and care giving were presented and discussed by government officials, stakeholders and older persons who were present. Among the challenges brought forward by older persons themselves include; poverty, isolation, lack of proper shelter, unfair treatment, witchcraft accusations and unavailability of legislation frameworks to protect their rights among others. How they perceive care giving for people living with AIDS by aging people without precautionary measures and insufficient resources were laid down as challenges too great for elderly women of their age to bear. The United Nations Secretary General; Ban Kimoon, in the speech read on his behalf recommends that; *“there is need for a National Plan of Action {NPA} for older persons in each country”*.

However, any efforts to address such challenges in African countries like Zimbabwe where society socially construct their understanding of AIDS still remains at the realm of every initiative because there are no policies or legal frameworks from which this noble idea could be built on. This qualitative study strives to narrow the gap on elderly women's perceptions that already exist and thereby recommends to government and other stakeholders to take necessary action targeted at elderly women's perceptions on people living with AIDS under their care.

2.11 Elderly Women's Sanctioned Cultural Experiences and Practices

Nationally, HIV and AIDS pandemic are perceived a serious threat to the nation particularly in the rural areas like Makumbi Mission. Kuchera (2005) conducted a study on the impact of HIV and AIDS in Zimbabwe which revealed that HIV and AIDS is a pandemic which is claiming many lives over the past 20 years. Kuchera's statistics show that one out of four people in Southern Africa is affected by HIV and AIDS and the caring burden is first placed on elderly women care givers above 56 years and below the age of 86 years. What strikes most in such a scenario is that due to cultural norms and beliefs of African people, the views and expectations of elderly women care givers are not reckoned with. For example, in the context of Zimbabwe, Dhlembeu N. (2000) conducted a qualitative study on Child Sexual Abuse and Justice Legal System in Zimbabwe. The study revealed that, in most of the Zimbabwean black people's culture particularly the Shona culture, a child is pledged in marriage and worse still in payment of Ngozi, where a girl or young woman is used to pay for avenging spirits of murdered people. According to Dhlembeu, chimutsamapfiwa is another sanctioned cultural practice where a young girl or woman replaces a dead sister or aunt to be a widower's wife. Dhlembeu further views other traditional cultures like kugarwa or kugara nhaka where a widow is taken by the older or young brother of her diseased husband and the

chiramu practice which seems to allow some sexual relationships between a younger sister-in-law and her brother in law.

As if that is not enough, the modern life style is also another practice of having a Small House where the man engages in extra marital sexual relationships with another woman outside marriage and continues to stay as husband and wife. With such cultural sanctioned practices, HIV and AIDS pandemic spreads faster and the disease is brought to the real wives, resulting in the problem of AIDS becoming bigger and bigger rather than decreasing. As certain role are assigned to elderly women by reason of their traditional role of looking after children when mothers are working, elderly women are forced to assume responsibilities that are beyond their coping capabilities due to their age. As a result, they are bound to hold different beliefs and attitudes about people who contract HIV and AIDS under their care.

Often, elderly women tend to respect the traditional culture and remain silent about the sanctioned cultural practices. Even so, nobody takes an initiative to assess elderly women's perceptions on people living with AIDS under their care and how they view the traditional culture versus the vulnerability of their spouses, sons/daughters and relatives to HIV and AIDS. Moyo I.,(2005) conducted a similar study in Gokwe to find out how older persons in society view HIV and AIDS and the care giving aspect. Apart from other problems they have to think about, the study revealed that, elderly women who are above the age of 50 years are looking after AIDS patients and hold different perceptions on people living with AIDS. But still, due to culture and their invisibility in society, they do not have the ability to think

broader on national problems, but rather, they think more of their health problems which they are battling with due to aging.

Musengi J.,{2005} highlighted some of the problems such as; constant fatigue, immobility, health deterioration, mental collapse, High blood pressure, Arthritis, Osteoporosis and other related diseases. However, despite these challenges ahead of them and without option, they are often forced to care for their spouses, sons and daughters who contract HIV and AIDS under extreme poverty. In the end, they forget themselves and think they are better off than their patients and start providing care to AIDS patients with love, respect, dignity and compassion and even when there are no incentives. Even if they are saddled with their own health problems and other challenges related to their age, they see nothing wrong to be ashamed of and to be against anybody living with AIDS. However, other elderly women hold different views and values on the extra burden shouldered upon them and they even start creating disharmony and negative attitudes and expectations among other family members. This however undermines the efforts of the elderly women care givers and it is a hindrance to the provision of quality care to people living with AIDS.

2.12 Elderly Women's Perceptions on People Living with AIDS in Makumbi Mission

The study was undertaken in the four wards namely; Pote, Mwanga, Murape and Munyawiri in Makumbi Mission/ Domboshavain Mashonaland East, and 40km from Harare where the majority of elderly women have people living with AIDS under their care. The study assessed elderly women's perceptions on people living with AIDS under their care. The majority of elderly women care givers in this particular rural area are likely to hold different perceptions on people living with AIDS under their care.

People living with AIDS need quality care and have certain expectations on care rendered to them by elderly women care givers. This often occurs when there are inadequate resources or lack of skills on the part of the carers. As for example in Makumbi Mission, the area falls under the Agro-region IV and V in which farming is unreliable in some years and people in the area sometimes experience food shortages and poverty. The majority of people in the area particularly elderly women depend on different economic activities such as market gardening and subsistence farming to supplement their income and to support people living with AIDS under their care. Elderly women care givers are also involved in buying and selling tomatoes, vegetables, groundnuts, sweet potatoes, fruits or any other items. The proceeds realized in their small business ventures are used to buy food items for their families especially where the family has a patient living with AIDS within their household.

If certain needs are not met, people living with AIDS view the quality of care rendered to them by elderly women as inadequate or are of poor quality. Sometimes the community including people living with AIDS mount a lot of pressures on elderly women care givers by accusing them of being witches in their own families and communities. This results in people living with AIDS developing mistrust; accusing elderly women care givers for having caused the sickness and perceive them as witches. A similar situation happens in other regions. For example, Kethusegile, (2000) conducted a study among societies in Sukuma and Shinyanga in Tanzania and noted that elderly women in Africa as a whole face a lot of challenges especially those that relate to witchcraft accusations. The Sukuma and Shinyanga study revealed that; of the 3, 693 people killed nationwide for suspicion of witchcraft in 1994, 64% of them were elderly women.

This and many other allegations affect the relationships between the care giver and the patient. These results in patients not appreciating the services rendered to them by elderly women suspects. Elderly women care givers experience this trauma even in a country like Zimbabwe which has a Witchcraft Suppression Act [Chapter 9:19] and the elderly women are the ones who, not only take care of them during their long illness, but who bore and bred them from childhood with loving hearts. The above scenario shows that care giving in Makumbi Mission does better when there are other sources of income in the family. This study attempts to assess elderly women's perceptions on people living with AIDS under their care and to investigate the experiences they go through in the face of these allegations.

2. 13 Elderly Women's Perceptions and Policy

There are international, regional and national policy legislation frameworks which are put in place to address HIV and AIDS pandemic but often, they are not related to elderly women's perceptions on people living with AIDS under their care. Hampson, J. (1982) observes that many seem to make the subject of aging and the elderly a very unimportant issue. Instead, these international policies and laws are targeted at reducing the impact of HIV and AIDS among the entire population. Policies regarding the elderly women's perceptions of people living with AIDS in Southern Africa, particularly in countries like Zimbabwe are under developed. If there are no legislation frameworks that protect the rights of elderly women care givers, Moyo S.,(2005) views that this is one of the greatest challenges bedeviling elderly women. This happens not only in Southern Africa but in the rural areas like Makumbi Mission as well. For example, some policies are designed to prevent, others are designed to protect the rights of the affected population, to promote good health, and other policies are designed to provide social services related to people (Janda 2006). However, there are no

policies designed to target elderly women care givers who have AIDS people under their care.

In addition, International and Regional AIDS Organizations are mandated to fight HIV and AIDS among people not only worldwide but to reach the grassroots as well. However, in their strategies, very few organizations or none of them have the commitment to gather and include the views of elderly women care givers who have people living with AIDS under their care at grassroots level. For example in Makumbi Mission, there are elderly women who have people living with AIDS under their care but there are no policies and programmes that are put in place to assess elderly women's perceptions on people living with AIDS under their care. After all, there are no initiatives that demystify unpopular traditional beliefs, attitudes, values and reactions which are likely to affect the quality of care for people living with AIDS. Even Iipinga and Lebeau (1997) noted that there is very little information and research on elderly women's perceptions, particularly in countries of the Sub Saharan Africa. This also includes the area under study where the views of elderly women care givers are overlooked and considered something that is out of the way. In such circumstances, elderly women care givers are likely to socially construct their understanding of the pandemic.

2.14 Conclusion

This chapter reviewed the literature on care giving and HIV and AIDS and identified the gap that needs to be filled. The basic concepts related to the study were defined and explained.

The global, regional and national demographic overview on older persons was examined. Basic concepts on elderly women, primacy of care and care giving were given. Elderly women's perceptions of people living with HIV and AIDS were discussed from global,

regional and national perspectives. The chapter further examined the sanctioned cultural practices and elderly women's perceptions and policy gaps in relation to elderly women's perceptions of people living with AIDS under their care. From the literature review studied, the conclusion was drawn from the discussion. The next chapter looks at the methodology that was used to gather data in Makumbi Mission.

CHAPTER 3

Research Methodology

3.0 Introduction

Research Methodology is a plan for executing research in a systematic way (Leedy, 1993). This chapter discusses the research methodology which was used to assess elderly women's perceptions on people living with AIDS. The objectives of the study were to assess the traditional beliefs held by elderly women care givers in respect of HIV and AIDS and make an investigation of the experiences that elderly women encounter in their transaction with people living with AIDS. Further, the study analysed how people living with AIDS appreciate the services rendered to them by elderly women care givers and explored the different coping mechanisms employed by elderly women care givers. The methods used to gather data include; the research design, study site, study population, sample size, study and sample procedures, sampling criteria, research instrument, validity and reliability, data collection and ethical considerations. During the discussion, limitations of the study and ethical considerations were thoughtfully considered.

3.1 Research Study Design

A research design is an overall plan of a scientific investigation consisting of strategies to be used for collecting and analyzing data (Polit and Hungler, 1999). Research design gives the detailed information about the topic under study. In this study, a cross sectional study design was used to collect data through in-depth interviews, direct observations, Focus Group Discussion (FGDs) and a case study. Such a research design allows the researcher to assess the traditional beliefs held by elderly women care givers in respect of HIV and AIDS and to further investigate the experiences they encounter in their transaction with people living with

AIDS patients and elderly women's coping mechanisms in their care giving. The cross sectional research design was used to collect data because it is fast and the results are obtained at one point in time and it is relatively cheaper than other research designs.

3.2 Study Site

The researcher conducted a study in the four wards namely; Mawanga, Murape, Pote and Munyawiri (Wards 1, 2, 4 and 5) around Makumbi Mission in Domboshava. The four wards in the district were visited and taken as study sites. The proximity of the study site represents a more accessible population to the investigator because of the number of people living with AIDS in the district. A feasibility study conducted revealed that, there were elderly women care givers between 56 and 86 years who qualified to participate in the study voluntarily. This enabled the researcher to assess the traditional beliefs and attitudes held by elderly women care givers in respect of HIV and AIDS and further investigated the experiences which elderly women have encountered in their transaction with people living with AIDS. The researcher also analysed how people living with AIDS appreciate the services rendered to them by elderly women care givers and explored different coping mechanisms employed by the elderly women. The outcome of the study would then be of great value to all the groups and scholars who will carry out similar researches in the care of people living with AIDS. Most importantly, the study will form the basis of policy formulation by Government and programming by NGOs, Professional Health Workers, Social Workers, Missionaries, Sociologists and Educationalists among others. Indeed, anyone who is interested in conducting further studies on elderly women's perceptions on people living with AIDS under their care will find the work quite useful.

3.3 The Study Population

A target population is the collection of all individual items or points under investigation (Chimedza C. 2003). In this study, 50 elderly women in Makumbi Mission aged between 56 and 86 years were the primary target group. They were a homogenous group in terms of gender, age, education and religion and hence qualified for the study. Similarly, 50 people living with HIV and AIDS both men and women, 10 Key informants living in the area comprising of church leaders (2), a traditional leader (1), local teachers (2), a political figure (1), a local nurse (1), a social worker (1) and business people (2) formed the primary target group who were identified to participate in the study. The four Village Burial Societies operating in the four wards also formed the target population. The composition of the group in the 4 burial societies was 30 women and 20 men, which indicates that women were the focus of the study. The total number of the target population in the four wards was 160 respondents.

3.4 The Sampling Approach and Methods

Sampling is the process of selecting a portion so as to acquire knowledge of a phenomenon that is present in the entire population (Burns and Grove, 1997, Polit and Hungler, 1999). As it is not economically and practically feasible to study the entire population, a sample is a portion of the population that represents the entire population. Basing on availability of the respondents, convenient and snowball sampling methods were used in this study. Altogether, the total number for the sampled population was 50 respondents. Justifications for the convenient sampling of the studied population are described below as follows;

3.4.1 Stage 1-Selection of Makumbi Mission

- The researcher is familiar with the Makumbi Mission area since it is one of the first Roman Catholic Missions to be established in 1924.

- The community was conveniently located for the researcher to frequently travel or stay with the religious community during data collection.
- The community which is 40km from the Harare city centre is one of the hardest hit by poverty and HIV and AIDS pandemic and is running some of the successful Home Based Care Programmes{ Chinhamora Peace of Mind Home Based Care} for its people.

3.4.2 Stage 2- Selection of Respondents

- **Elderly Women Care Givers**

The primary sampling method used in this study was snowballing and convenient sampling methods which were used to select 10 elderly women who had AIDS patients under their care. The figure of ten elderly women interviewed represents 20% of the target population. The sample size was small because of the target population which was between 56 and 86 years, representing a group which is hard or rare to find; hence the sample of ten respondents is justified. The advantage of this method is that, it is cheaper and faster than the other methods. This was suitable for this particular study as time, accessibility and financial considerations were important to the researcher.

- **People Living with HIV and AIDS**

A least, 10 people living with AIDS under the same care givers were conveniently selected to be part of the study. The purpose of including people living with AIDS in the study was to

analyse how people living with AIDS appreciate the services rendered to them by elderly women care givers. This particular method was used because it is cheaper and faster, especially when dealing with patients who do not have strengths and low levels of concentration due to long illness. The figure represents 20% of the study population.

- **Key Informants**

At least, ten key informants who are likely to have closer insight into the elderly women's perceptions on people living with AIDS under their care were interviewed. The key informants were conveniently selected to get a variety of opinions and a much fuller picture of how they view the role of elderly women care givers on people living with AIDS in their wards. The 10 key informants selected represent 100% of the target population.

- **Focus Group Discussions**

One Village Burial Society (Munemo Village Burial Society) was selected as a focus group for discussion. The group was conveniently sampled for the study and the figure represents 20% of the target population in the area. The Focus Group was selected as a sampled study population who are likely to have a closer insight into the knowledge, values, attitudes, traditional beliefs and experiences that elderly women encounter in their transactions with people living with AIDS under their care and its contextual meaning of the study population. The members of the focus group included 6 women and 4 men, adding up to 10 people who participated in the focus group discussions.

3.5 Study and Sample Procedures

In this study, snowball and convenient sampling methods were used to select respondents to be interviewed. Snowball sampling is the non probability sampling method used when the desired sample characteristic is rare and has to rely on referrals from initial subjects to generate additional subjects {Polit and Hungler, 1995}. In this study, elderly women care givers above the age of 56 and below the age of 86 years who had people living with AIDS under their care are a group which is rare to find. The majority of elderly women who had people living with AIDS under their care were below the age of 50 years. This particular sampling method was then used to identify elderly women of that particular homogenous group who had people living with AIDS under their care. These were subjects for in-depth interviews with the same attributes which were difficult or rare to find for that particular period under study.

3.6 Sampling Criteria

An inclusion criterion was used for the primary target population to ascertain the respondents who qualified for the study. Sampling criteria lists the most important characteristics of the target population providing a guideline for recruiting the subjects to be studied {Burns and Grove, 1997}. It is the inclusion and exclusion criteria which were used in this study. The inclusion criteria in this study was, elderly Shona speaking women whose ages were between 56 years and below 86 years old and had people living with AIDS under their care. The exclusion criteria means excluding characteristics that are undesirable. This is often done to control the extraneous variables that would influence the dependent variable {Burns and Grove, 1997}. For this study, exclusion criterion was those women who were at one time care givers and have since then terminated their services for various reasons, those below the age of 50 years, those who were above 86 years as well as those who could not speak the Shona language.

3.7 Research Instruments and Data Collection Techniques

An instrument is a formal tool used to collect and record information (Polit and Hungler 1995). The study adopted qualitative methodologies to gather data which can be used with the blind, illiterate or elderly individuals in the four wards around Makumbi Mission. Four different interview guides were designed and used for; -Elderly women care givers with people living with AIDS under their care, people living with AIDS, Key Informants and a Case Study. These instruments were also translated into vernacular language to suite the respondents. The samples of guides which were used are attached as Appendices 11, 111 and 1V respectively. The case study is attached as Appendix 1.

3.8 Validity and Reliability

Validity is the degree to which an instrument measures what it is supposed to measure (Polit and Hungler, 1995). Subjecting the construction of the instrument to scrutiny was to ensure validity. The instruments were also criticized by experts before implementation. In addition, the researcher carried out a pilot study to ensure the content validity. Reliability is the degree of consistency with which an instrument measures what it is supposed to measure (Burns and Grove, 1997). A pilot study helps in perfecting the instrument and enhances reliability {Polit and Hungler, 1995}. The pilot study was administered to 40 respondents who met the inclusion criteria within Mawanga, Murape, and Pote and Munyawiri wards around Makumbi Mission. The use of a sample for the pilot study from a different site was done to avoid threats of instrumentation and testing (Burns and Grove, 1997).

4.0 Data Collection Techniques

4.1 In-depth Interviews

The main reason for using in-depth interviews was to assess elderly women's beliefs, attitudes, values and expectations on people living with AIDS under their care, to investigate the experiences that elderly women encounter in their transaction with people living with AIDS and explore their coping mechanisms in their own words. The instrument was chosen because it is user- friendly than the paper exercise and does not require the respondents to be literate. During the process of in-depth interviews, the room for clarification and order of questions were strictly adhered to in order to avoid duplication and bias.

4.2 Direct Observations

During in-depth interviews, the researcher used direct observation method which is a basic technique for data collection. This was complementarily used in order to get first hand information and noticing non verbal behaviours and other factors associated with the environment that elderly women were operating from. This was useful for recording contextual or background factors which revealed issues not anticipated by the researcher, especially on the economic status and the coping mechanisms of elderly women under study. This method was used continuously throughout the field work and every observation was recorded by the researcher in the note book.

4.3 Data Collection Procedure

After obtaining consent from the key gate keepers, the researcher visited their homes and in-depth interviews were conducted in a natural environment. When identified subjects met the inclusion criteria, they were taken to a private place for in depth interviews. The purpose of the study was explained and subjects were asked for their consent and were asked to sign a consent form (Appendix 111 or 1V). The subjects were interviewed face to face and the responses were recorded by the researcher in the note book. Each interview was

approximately 20-30 minutes, and was longer only when translation was required. The investigator kept a diary of field experiences and reflections for further or future checks and balances.

This method of data collection was preferred because assessing traditional beliefs of elderly women care givers on people living with AIDS and investigating their experiences as care givers is a highly sensitive issue which aroused emotions of the respondents and those of the researcher too. Therefore, there was need for an in-depth interview technique which involved extensive probing and open ended questions to collect data. The Focus Group Discussion (FGDs) was conducted with the Munemo Village Burial Society for group interaction, observation, costing and timing. Structured open ended topic guides were used to facilitate in-depth interviews and Focus Group Discussions (FGDs). With the consent of both FGDs and respondents, the researcher tape recorded and took notes during the in-depth interviews to get a comparative data.

4.4 Data Analysis

According to Burns and Grove, (1997), the process of data analysis is conducted to reduce, organize and give meaning to the data. The research objectives and questionnaire guides determine the analysis technique. In this study, data was highly qualitative and analysed electronically from particular to general using a computer software package known as the Statistical Package for Social Sciences (SPSS.pc). This was done by electronically coding common issues and recording the most frequently mentioned issues from the study. Information from the study was designed to reveal an assessment of traditional beliefs held by elderly women care givers in respect of HIV and AIDS, the experiences that elderly women have encountered in their transaction with people living with AIDS, an analysis of

how people living with AIDS appreciate the services rendered to them and to explore different coping mechanisms by elderly women care givers in Makumbi Mission.

4.5. Focus Group Discussions (FGDs)

The other instrument which was used to collect data in the area under study was Focus Group Discussion (FGDs). This is a research technique that is used to collect data through group interaction on a topic determined by the researcher. Morgan, (1988) in Matsika, (2011) defined the characteristic of FGDs as the explicit use of the group interaction to produce data and insights that would be less accessible without the interaction found in the group. The instrument was used with the Munemo Village Burial Society in one of the wards. This method was preferred because group situations may encourage individuals to speak more freely and it allows for a group-generated perspective. This was a useful tool to analyse how members of the Village Burial Society view the traditional beliefs, attitudes, expectations, values and reactions of elderly women care givers, the quality of care that is provided by elderly women care givers as well as their coping mechanisms.

4.6. The Research Design: Case Study

Another method used to collect data was through a case study. Theodorson and Theodorson, (1969) cited in Matsika B., (2011) define a case study as a method of studying social phenomena through a thorough analysis of an individual case which provides an opportunity for the sensitive analysis of many specific details that are often overlooked with other methods. It is an exploration of a case through in-depth interviews. For the purpose of this study, data was collected from an elderly woman who had a relative who was living with AIDS under her care. Through detailed probing and observation, the purpose of interviewing an individual as a case was to assess her traditional beliefs, reactions, attitudes and to

investigate the experiences that she encounters in her transaction with the patient as well as her coping mechanisms for that particular case.

5.2 Ethical Considerations

Permission to conduct a study in the area was sought from the Priest- in- Charge of the Roman Catholic Mission who is the responsible authority of Makumbi Mission in Domboshava. Other stakeholders such as the Matron of the Makumbi District Hospital, local leaders, political leaders, counsellors and other responsible authorities were consulted so as to be allowed access to the respondents. The participation of the respondents to the study by the subjects was voluntary. The respondents made the decision to participate after adequate information was given. There was no coercion or any undue influence. A verbal and a written consent was used for the protection of the of subjects' human rights. The potential and risks and benefits for the study were explained to the respondents. The purpose and nature of the study, the format of the interview, waiting time, risks and benefits were explained to the respondents prior to the interview. Confidentiality must be observed when carrying out a study (Burns and Grove, (1997). In this study, the investigator ensured maximum confidentiality and anonymity through using numbers instead of names on all the questionnaire guides which were distributed to the respondents. Uniformity of the information was assured by using the same questionnaire in the same format for all subjects. All the information collected was kept in a safe place under lock and key to avoid violation of human rights of the respondents in the four selected wards in Makumbi Mission.

5.3 Limitations of the Study

According to Kumar, (1999), problems refer to difficulties relating to logical details whereas limitations designate structural problems relating to methodological aspects of the study.

Some of the limitations in the study related to issues such as sensitivity, transport, time limit and sample size.

6.1 Sensitivity

Limitations encountered during the study were that; real life experiences of elderly women care givers aroused emotions such as anger, sadness and anxiety of the researcher and those of the respondents. The researcher felt that the respondents seemed to turn the interviews into counseling sessions or soliciting for resources. However, the researcher managed to overcome these limitations by applying professional social work skills.

6.2 Transport

The other limitation of the study was to do with the method used to collect data. The method to gather data in the four wards faced the problem of transport and lack of financial resources to reach the respondents. There was no direct transport to all of the four wards {Mwanga, Murape, Pote and Munyawiri} around Makumbi Mission. So the researcher was meant to travel long distances on foot with no road map. However, the researcher had to overcome this limitation by engaging some of the key people in the area who knew the short cuts to the other villages. This was possible and all the targeted respondents were reached for in-depth interviews.

6.3 Time Limit

Whilst prefeasibility study was conducted some time beginning of the year, the interviews were conducted only in September 2011. There was not much time between the days of the interviews. However, this limitation gave the researcher enough time to plan and prepare for the study.

6.4 Sample Size

The sample was small because of the target group which is rare to find (elderly women aged 56-86 years) and emotional sensitivity of the subject under study. In-depth interviews would not have allowed with a larger sample of that particular group. Again, the subjects for interviews were difficult to find no road map. However, the researcher used snowballing and convenient sampling which was appropriate for that particular study.

6.7 Translation

While the instrument was prepared in English, in-depth interviews were done in Shona which elderly women between 56- 86 years could speak and understand, this report was compiled in English, of which certain words might have lost their actual meaning during the process.

Location of the study Site

The location of the study site was in selected four wards namely; Pote, Mwanga, Murape and Munyawiri in Makumbi Mission/ Domboshava in Mashonaland East which is 40Km from Harare. The area is inhabited by rural people who depend on subsistence farming which is not reliable in some years. There are people, particularly elderly women who have people living with AIDS under their care. The study site is indicated in the table blow;

Table:3 Map of Zimbabwe



6.8 Conclusion

This chapter focused on the methodology of the study. The ways in which the research was carried out were clearly described in the process. A description of the research strategies adopted, methods of data collection and analysis and limitations were presented. The location of the study site is presented in the table above. Data presentation and discussions are presented in the next chapter.

CHAPTER 4

Presentation of the Findings

4.0 Introduction

In chapter one of this study, statement of the problem, justification, aim and objective of the study, limitations, ethical considerations, theoretical frame work and limitation of the study were presented. Chapter two established what other researchers have done on the subject so faron aging population from the global, regional and national perspectives. Basic concepts on elderly women, primacy of care and care giving were discussed in detail. Elderly women's perceptions of people living with HIV and AIDS were discussed from global, regional and national perspectives. The chapter further examined the sanctioned cultural practices and elderly women's perceptions and policy gaps in relation to elderly women's perceptions of people living with AIDs under their care were discussed. In chapter 3, the methodology which was used to gather data was presented. This chapter therefore presents the study findings and discussions of the topic under study.

4.1 Study Findings and Presentation

The study findings are here presented in four parts. The first part discusses the demographic findings on elderly women care givers and their traditional beliefs, and attitudes in respect of HIV and AIDS, an investigation on the experiences that elderly women have encountered in their transaction with people living with AIDS and their different coping mechanisms. The second part analyses how people living with AIDS appreciate the services rendered to them

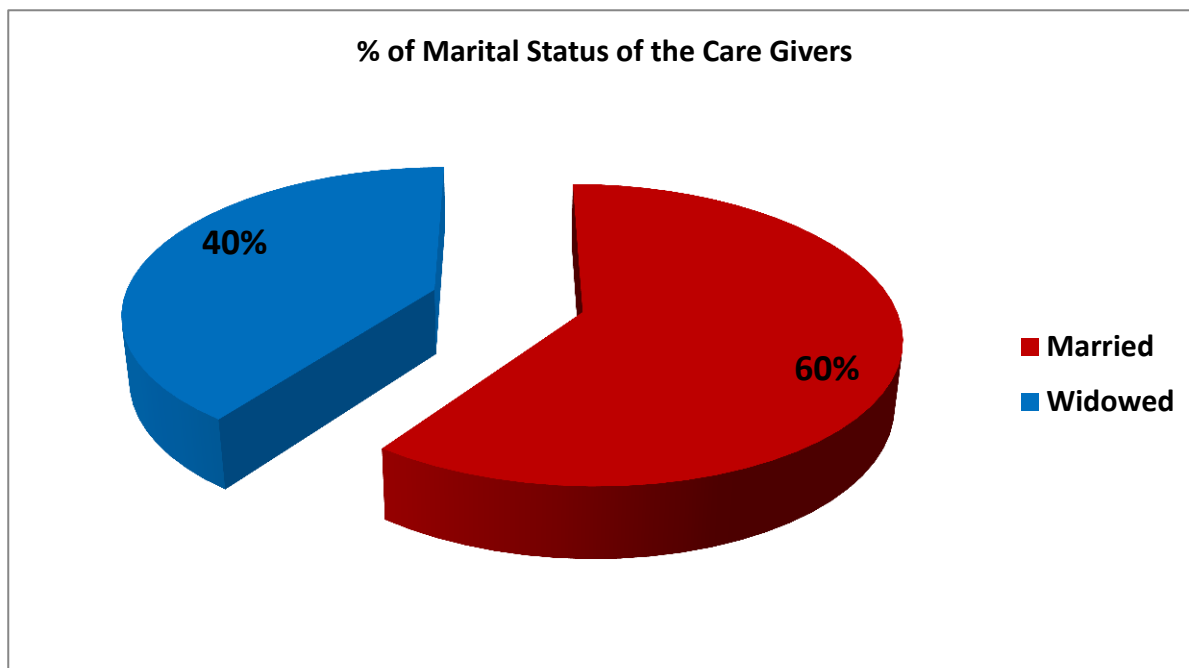
by elderly women care givers. The opinions of Key informants on the role of care givers and outcomes on the Focus Group Discussion with members of the Burial Society who are likely to have closer insight into the traditional beliefs held by elderly women care givers in respect of HIV and AIDS are gathered. The third part presents recommendations to government and other stakeholders for improvement. A Case study is also presented to give human face to the problem under study (Appendix 1).

4.2 Socio Demographic Characteristics of Study Participants

At least twenty in-depth interviews comprising of elderly women care givers, key informants and one focus group discussion were conducted involving 40 participants. All participants of the study population were people who deeply understand the culture of the local people and have several years of experience with people who care for the sick. The dominant religion mentioned was Catholic, with the highest level of education attained being primary school which was likely to have a greater influence on their values, beliefs, attitudes and experiences in their care giving responsibilities. The relationship that exists between the care giver and the patient was that 4 out of 10 mentioned that they were taking care of their spouses whilst 5 indicated that they were providing care to their sons or daughters. However, at least 1 said relative. The Table below shows the marital status of elderly women care givers by percentage.

4.3 Marital status of Elderly Women Care Givers

Table 4: Marital Status of Care Givers



The above table shows that, ten 10 elderly women care givers representing 100% response rate were interviewed to determine their marital status. The age range of elderly women care givers who had people living with AIDS under their care was between the ages 56 years and 86 years. The elderly women care givers reported that they were either married or previously married. Of all the respondents interviewed, 60% reported that they were married while 40% reported that they were widows.

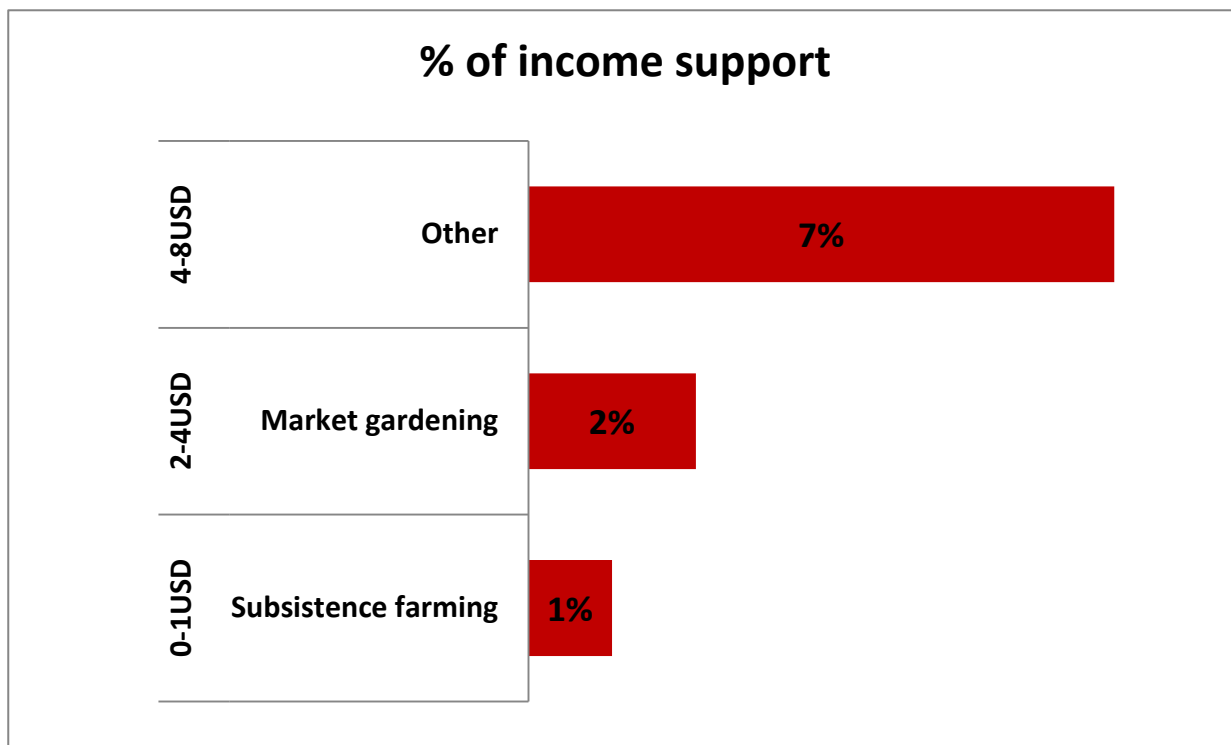
4.4 Economic Status of Elderly Women Care Givers

The economic status of elderly women care givers was explored. Ten elderly women care givers were interviewed to explore their coping mechanisms as care givers. The findings revealed that, elderly women are from a generation where previously, education was not considered important and they lack basic skills and have few employment opportunities in the rural areas. The majority of elderly women interviewed were not employed and their earning income was 0 to 200 USD because they are farmers and house wives which make it difficult for them to earn a good living to take care of the people living with AIDS. Some elderly

women are engaged in selling vegetables and crafts and others have no means at all while others depend on subsistence farming and market gardening. Others may have skills, but because of their age, they are seen to be too weak to engage in any heavy work. They are only given responsibilities to assume traditional responsibilities of taking care of the sick and children while their mothers are busy with other responsibilities.

The donations they received were from relatives, the Church, NGOs, the government and other well wishers which accounted for 70%. When asked if there are some changes in their socio economic status since they became care givers, at least 60% reported that there are some changes while 40% reported that there are no significant changes since there were some members of the family who are employed. Of all the respondents interviewed 8% reported that the household donations for the family from well wishers were received by the care giver while 10% said brother and 15% indicated that the donations for the family were received by the husband since he is the head of the household. The Table below shows the economic status of elderly women care givers and sources of income support by percentage.

Table 5: Economic Status of Elderly Women Care Givers



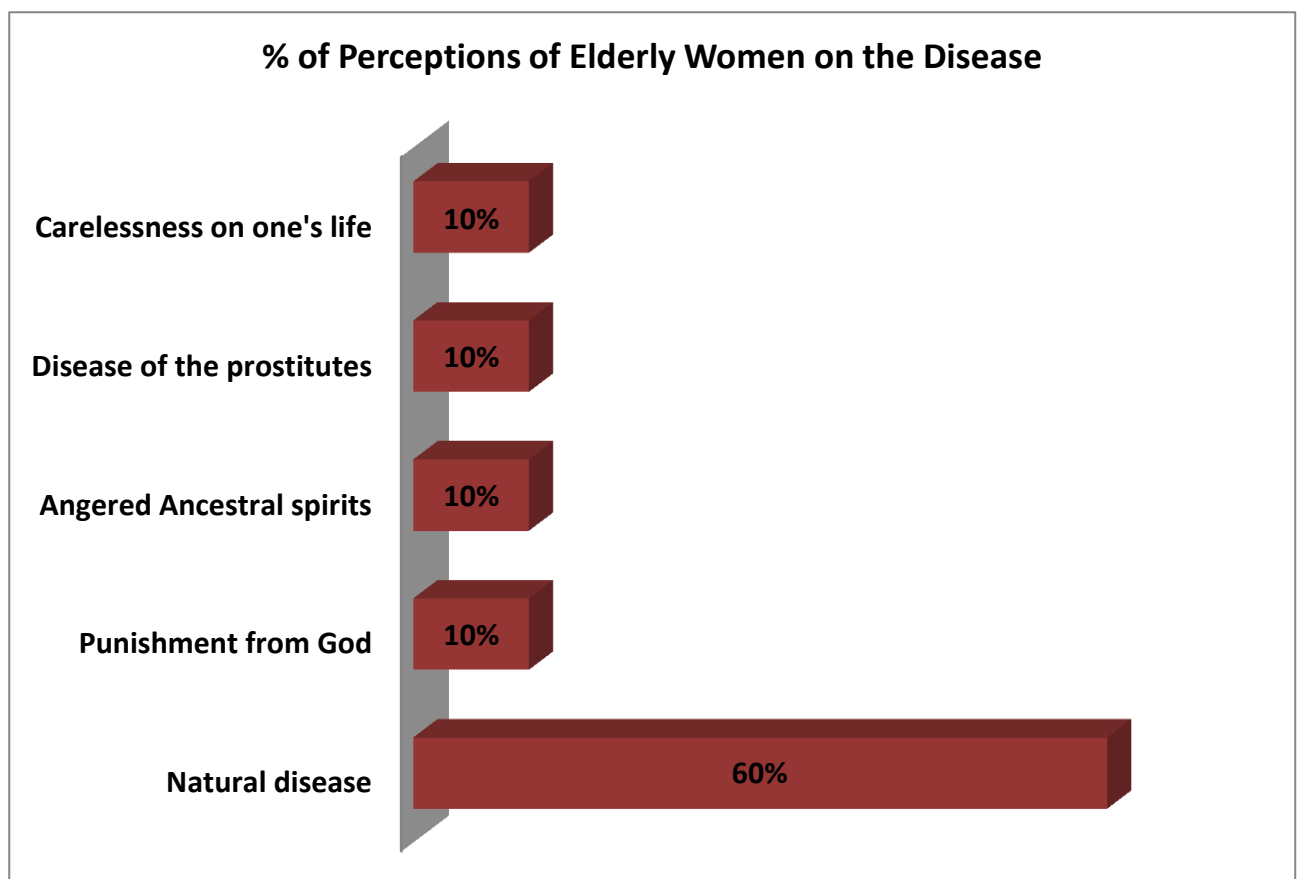
4.5 Elderly Women’s Perceptions on People Living with AIDS under their Care

At least ten elderly women in Makumbi Mission who deeply understand culture of the local people and have several years of experience in helping the sick were interviewed to assess their perceptions on people living with AIDS under their care, assess their traditional beliefs and attitudes held by elderly women in respect of HIV and AIDS. As far as their views on people living with AIDS are concerned, the understanding was broad and subjective. They had some differences in how they perceive people living with AIDS under their care.

The study showed that elderly women’s perceptions were influenced by their economic status, their knowledge and traditional beliefs on the disease and their coping mechanisms. The different views of the elderly women were as follows; AIDS is a natural disease like any other diseases {60%}, results from carelessness on one’s life, a disease of the prostitutes, angered ancestral spirits and a punishment from God which accounted for 10% each. While

the knowledge and beliefs on HIV and AIDS varied, 60% cited Tuberculosis (TB) which is related to AIDS, 20% had knowledge about HIV and AIDS and 20% said they had no knowledge about the disease. Their reactions towards AIDS patients varied from mixed feelings {30% } and a greater number (70%) reported that they showed love and compassion. The Table below shows different perceptions of elderly women care givers on people living with AIDS under their care by percentage.

Table 6: Elderly Women’s Perceptions on AIDS as a disease



However, despite the fact that the majority of respondents show different views and reactions on the illness, the majority believed that HIV and AIDS is a natural disease and perceive AIDS as any other diseases which can be controlled. It then becomes clear that elderly women have positive perceptions about people living with AIDS under their care and they

value any human being who contracts AIDS with respect. (The beliefs that the disease is a punishment from God/angered ancestral spirits or witchcraft or sorcery are negative and have the potential of affecting the quality of care rendered to their patients). On self evaluation about the care they render, almost all the respondents reported that it could be better saying, modestly that, ‘nobody can ever say that they are good at rendering quality care to people living with AIDS.

4.6 Knowledge and Beliefs on the condition the relative was suffering from

While individual respondents had some differences in their knowledge and beliefs on the condition their relatives were suffering from, the understanding was broad and objective characterized by the way they value and respect their patients. Out of the 10 respondents interviewed, 20% mentioned that they had knowledge about HIV and AIDS while 20% said that they had no knowledge on the condition their relatives were suffering from. However, the other 60% cited Tuberculosis {TB} which is related to HIV and AIDS. All of the respondents said that they had been care givers for 3 years and below, with 6 of them mentioning that their patients were mostly bed ridden, frequently in and out of hospital, depressed most of the time. Although their knowledge and beliefs vary from individual to individual, all participants believed that people who are contracting HIV and AIDS are like anyone else with a disease such as cancer or leukaemia and they did not see anything wrong to shame about.

4.7 Reactions and Attitudes towards people living with AIDS when told of the status

When elderly women were asked about the key motivating factors that contribute to care giving for people living with AIDS, the majority of the respondents mentioned that it was an expression of love and compassion towards the patient. However, three respondents

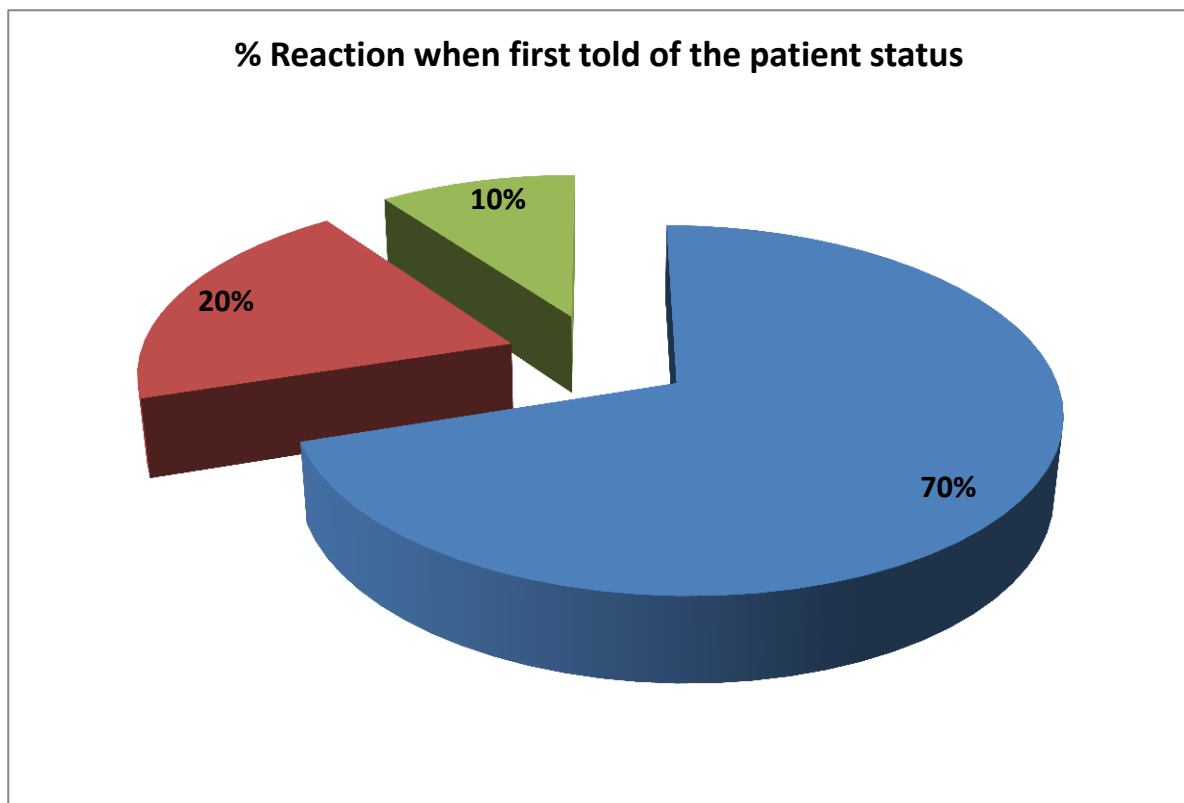
mentioned pressure from the family members and others cited that there was nobody else in the family to take care of the patient. While acknowledging their mixed feelings, all believed that people living with AIDS need love and compassion so that they can live a happy life.

The attitudes and reactions of elderly women on people living with AIDS varied. While some of respondents showed signs of anger, disturbed and disbelief, the majority showed compassionate love to the people living with AIDS under their care. There was a general consensus that people living with AIDS should be treated like any other people with diseases such as cancer, leukaemia and rheumatism. Many respondents felt that once a person contracts HIV and AIDS, they should be provided with adequate resources and the Government, NGOs, the Church and the local community should have the obligation to provide adequate resources to people living with AIDS and to people who care for them.

The study participants disclosed real life experiences of different forms of beliefs, attitudes and reactions when they were told of the HIV and AIDS status of their patients. Among the elderly women care givers interviewed, when asked about their reaction when they were first told about the condition of their patients, a greater number of the respondents indicated that they were not even told formally what was wrong with their patients. When they later knew, the most mentioned reactions were mixed feelings such as anger, disbelief, love, compassion and disturbed. At least 10% reported anger towards the patient and 20% reported that they were disturbed to know that their patient was HIV positive. The other 70% reported that they showed more love and compassion. However, one of those who said that she was nursing her spouse mentioned anger as her first reaction. She went on to express how the husband cheated on her and neglected her, only to “come back on a death bed”. They all cited inadequate knowledge about HIV and AIDS. The Table below shows the reaction of elderly

women care givers on people living with AIDS under their care when first told of the HIV and AIDS status by percentage.

Table 7: Elderly Women’s Reaction when first told of patient status



4.8 Coping Mechanisms of the Elderly Women Care Givers

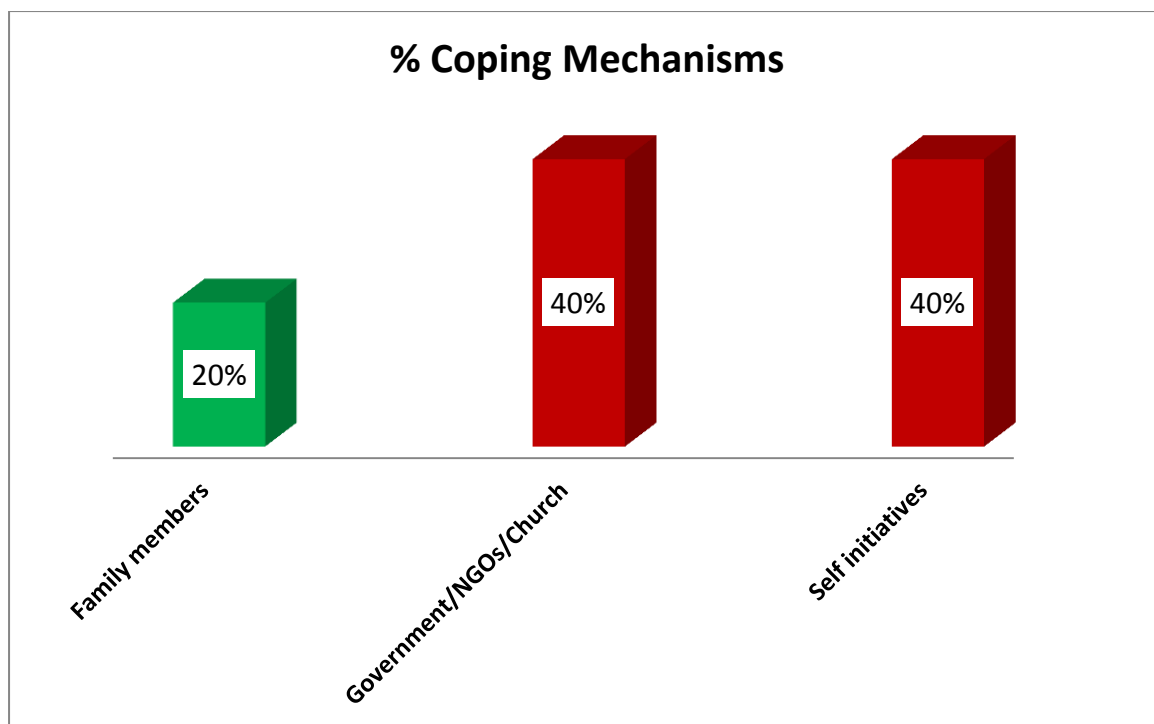
The majority of elderly women interviewed reported that they have different coping mechanisms. However, a greater number of the respondents reported that they engage themselves in self help initiatives which include market gardening, buying and selling,

subsistence farming to care for their patients. They also said that sometimes they get help from the other family members who are working in town or in Diaspora.

On the other hand, while the majority of elderly women care givers who are able bodied find themselves engaging in market gardening and subsistence farming in their own way, a greater number of elderly women care givers are involved in buying and selling tomatoes, vegetables, groundnuts, sweet potatoes, fruits and they use the money to buy food for their patients. With regards to the challenges of care giving faced, all the respondents echoed running short of food, money for medication, transport to ferry their patients to and from hospital and physical and mental strain due to aging. They expressed dire need for assistance with lifting and bathing their patients and time off from the “painful daily routine”

When probed to explain further on the above point, the elderly women expressed such wishes: clients taken for care elsewhere periodically- giving them a time “breathe” some relatives coming to stay and help, tokens of appreciation from other family members, friends and community to motivate them. “Visitors, who talk to us, encourage us.” Occasionally, government gives support to those looking after their sick relatives. Nearly all the respondents reported that they get some form of support from the Government, Church, Non Governmental Organizations and the local community. The Table below shows the coping mechanisms of some of the elderly women care givers by percentage.

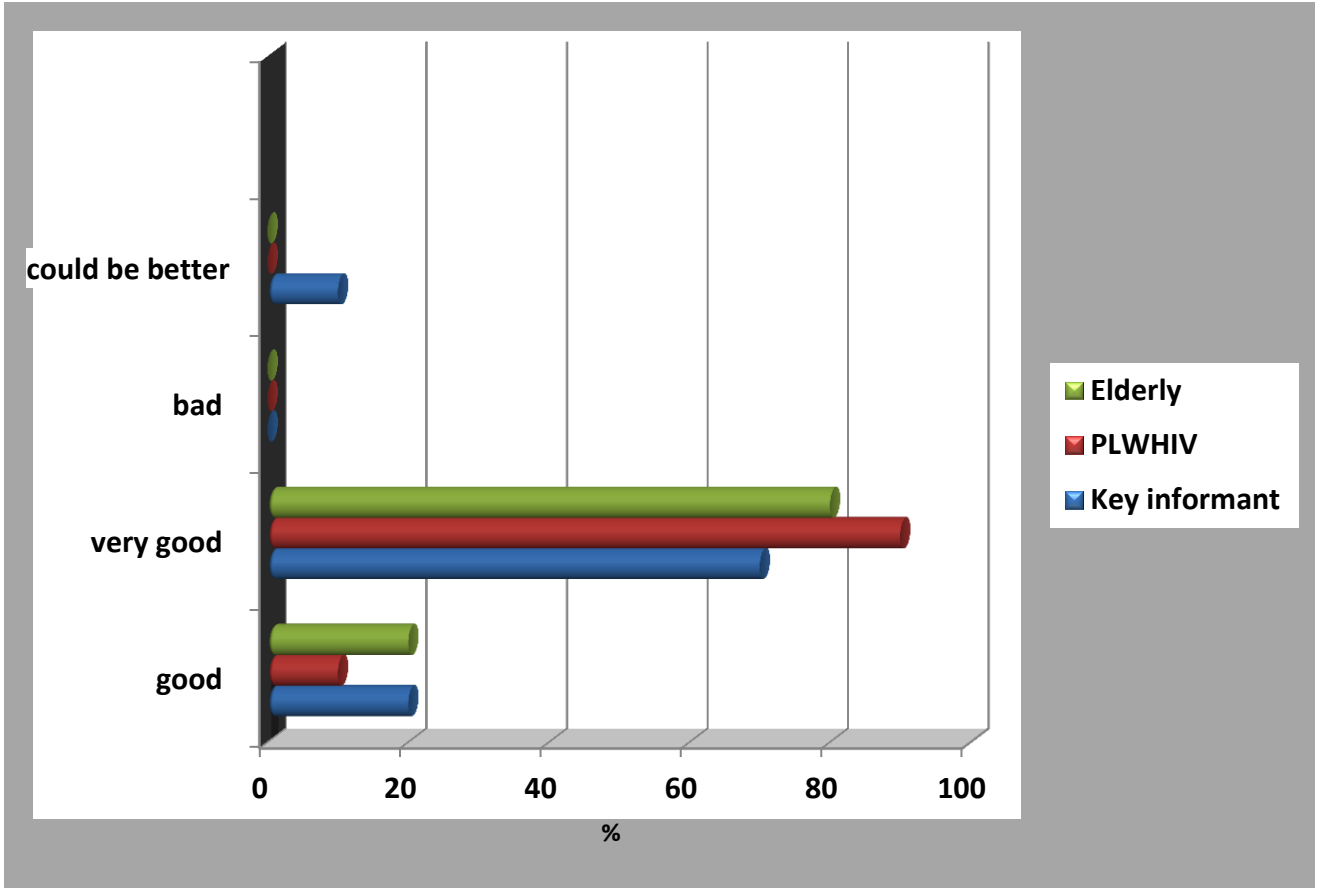
Table 8: Elderly Women Care Givers’ Coping Mechanisms



4.9 Opinions of People Living with AIDS on Quality of Care Rendered

On quality of care received, all the respondents who were living with AIDS at the time of the study accounted for 10 (100%). The findings indicate that AIDS patients appreciate the services rendered to them by elderly women care givers. Of the respondents interviewed, 80% of people living with AIDS reported that the quality of care was very good while 10% rated it as good and 10% said it could be improved. However, there was no significant difference in response to this question between men and women. Generally, the findings indicate that people living with AIDS appreciate the services that are rendered to them by elderly women care givers. The table below shows the rate of the quality of care provided by category.

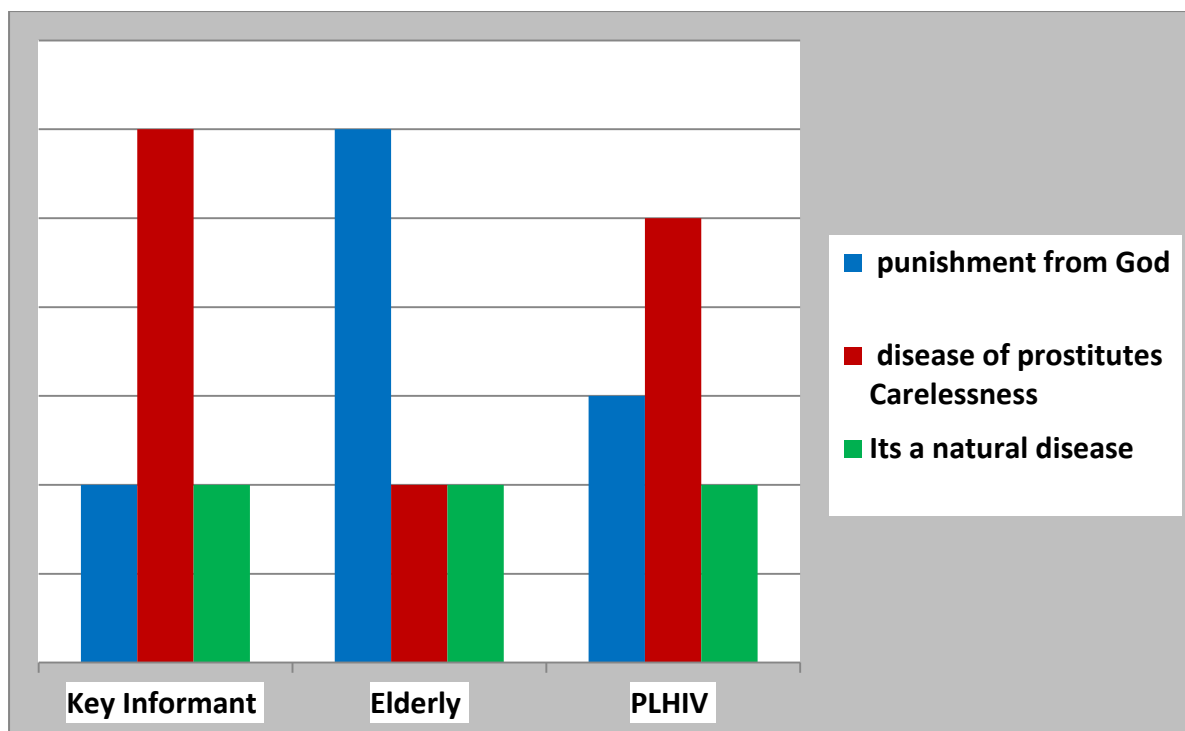
Table 9: Quality of Care by Elderly Women Care Givers



4.10 Opinions of key Informants on AIDS as a Disease

Key Informants in the four wards were interviewed to assess their perceptions on people living with AIDS. However, of the 100% Key Informants interviewed on their perception of people living with AIDS in their community, 20% reported that AIDS is a punishment from God or angered ancestral spirits while 20% indicated that it's just a natural disease. However the other 60% reported that AIDS is a disease of the prostitutes or it is just carelessness on one's life. The Table below shows the opinions of Key Informants on AIDS as a disease by category.

Table 10: Perceptions on AIDS as a disease- by Category of respondents



4.11 Opinions of Elderly Women on PLWHA

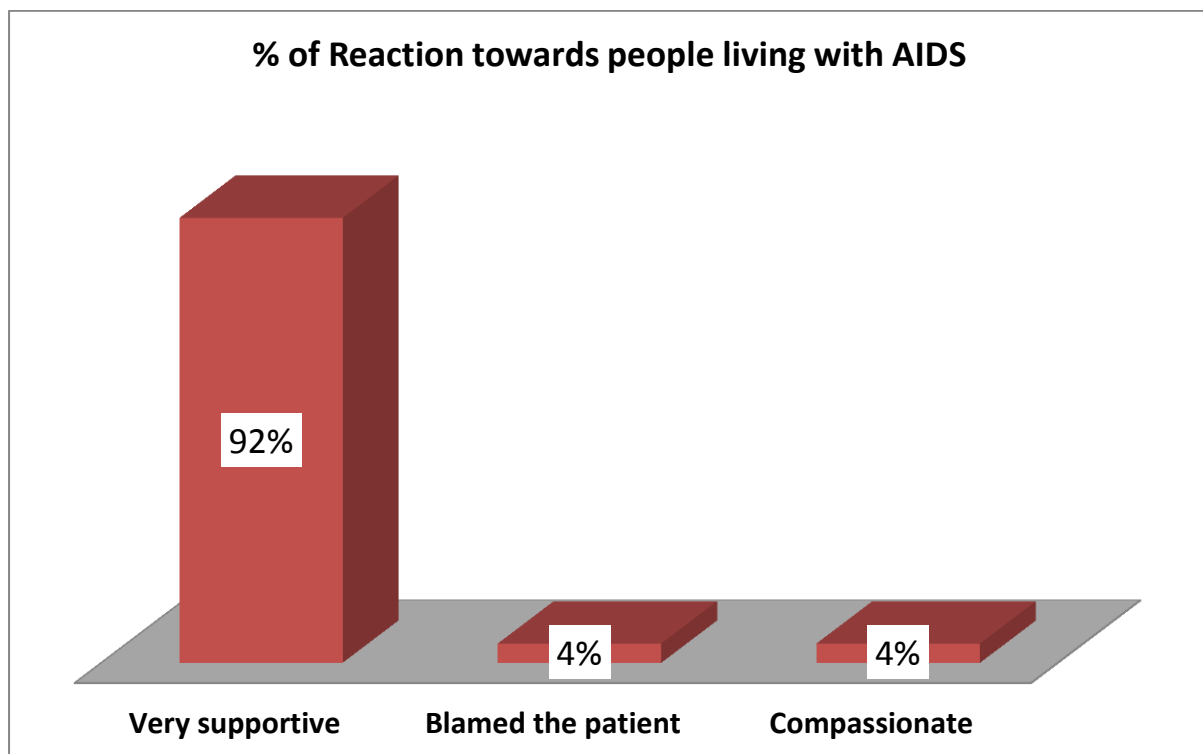
Elderly women care givers were interviewed to determine their opinions on people living with AIDS under their care. However, of the 100% elderly women interviewed, 20% reported that they showed compassionate love while 10% indicated that they blamed the AIDS patient who had been careless with his/her life. However, 60% indicated that they were very supportive or took recognition of the people living with AIDS under their care. This study shows that; even though elderly women have assumed the responsibility of care giving under difficult circumstances at a time when they are already advanced in age, they still have a supportive attitude and are compassionate towards People living with AIDS under their care.

4.12 Key Informants on PLWHA

There were some Key Informants who were interviewed to determine their opinions on people living with AIDS in their community. Of the 100% Key Informants interviewed, 4% reported that they felt compassionate on people who had contracted HIV and AIDS and 4%

blamed the victim while 92% reported that they were very supportive or paid recognition of the person living with AIDS under their care. However, this shows that, even though people contract the disease in different ways, people do not blame the victim but are very supportive to people living with AIDS.

Table 11: Reaction and Attitudes towards people living with AIDS



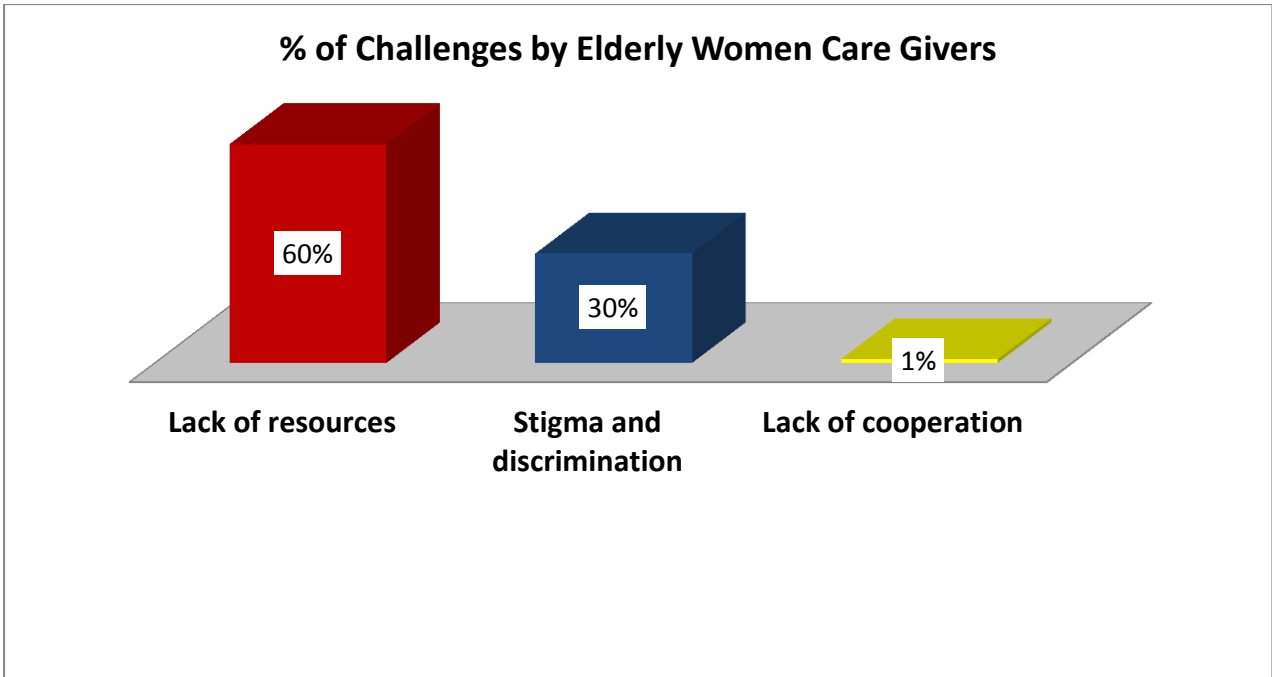
4.13 Perceptions and Experiences in Care Giving

Although the degree of experiences and challenges vary from family to family, the study participants disclosed real life experiences in their care giving. All the respondents believed that they experience challenges and constraints in caring for people living with AIDS under their care. In this study, the following experiences were mentioned as experiences they encounter in their transaction with people living with AIDS; 20% reported stigma and

discrimination and that sometimes patients are harsh and 20% expressed that sometimes patients do not cooperate during care giving and some relatives are not showing concern for the patient. However, 60% indicated that they lack adequate resources and that they do not have access to resources and proper medication for support to the people living with AIDS under their care.

However, this shows that accessibility to resources such as sufficient care kits, food, money, protective clothing, transport, proper supply of medication and incentives are the major constraints for the elderly women care givers. However, one care giver expressed that the patient kept on persisting to go and consult a witch doctor/traditional healer with the hope of getting proper treatment and get better. The Table below gives by percentage some of the experiences encountered by elderly women care givers.

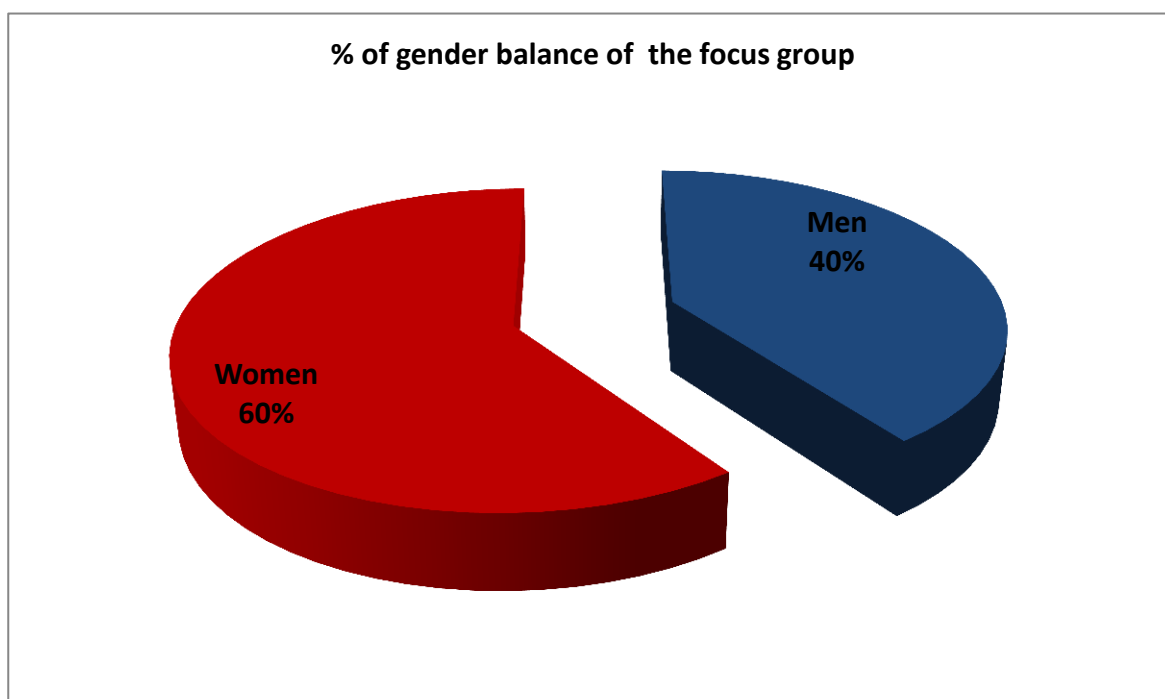
Table 12: Experiences and Challenges of Elderly Women in Care Giving



4.14 Perceptions of the Focus Group on Care Givers

A Focus Group Discussions (FDGs) was conducted with the 12 members of the Munemo Village Burial Society who were randomly and conveniently selected to generate group perspectives on the topic under study and the discussion lasted for an hour. The Focus group discussions explored how others and leaders of the group viewed elderly women and the problems they face. There were roughly equal numbers of women and men in the Focus Group Discussion. However, guided by a moderator, the members of the Focus Group were talking spontaneously and freely on the topic under study and the researcher took notes. The purpose of conducting Focus Group Discussions was to generate group perspectives on group members’ views on the topic under study. The issue of how they socially construct their views on people living with AIDS as a disease was of concern. Hence the Focus Group Discussions capitalised on group dynamics and increased levels of focus and depth on the key issues of the research topic under study. Below is the gender of the Munemo Village Burial Society focus group by percentage.

Table 13: Gender Balance of the Focus Group Discussion



Through social interaction, the Focus Group, reported that they view AIDS as a disease which is used by God to control His people after He discovered that people were losing control over their lives. However, some view AIDS as a natural disease which is the same as other diseases which can be controlled. There was also a joint agreement that, with the introduction of ARVs, now it is very difficult to know if a person is HIV positive, as people living with AIDS now look healthy as compared to long back when positive people could show visible signs and symptoms of HIV and AIDS, even at its early stage, resulting in them being discriminated and isolated. During the discussions, quite a number of critical issues were also brought out. Some of the issues were that; strained relationships can develop within the family due to emotional stress which can result in conflict, disharmony and lack of co-operation from other family members. However, it was reported that in other situations, family members cooperate with elderly women care givers and the patient very well.

Some of the members strongly suggested that; elderly women should be provided with resources to help their patients and this should come from the person whom she/he trusts and family members need to cooperate with the elderly women care givers and the patient. Some members felt that elderly women care givers who are above 56 years know their job very well and yet they no longer get support from the government. There was a general consensus that, New Start Centres CD4 Counts must be located in each district and must not charge any fees and that enough medication is required everywhere and it should be the correct medication for such diseases. They discussed that; NGOs and Government should provide adequate food supply and medication to reduce the burden on elderly women alone and that the patient should be admitted in hospital to monitor the patient's ability for self care. When the patient is discharged, follow up should be done to assess the family conditions to make some improvements. Lastly, the members of the focus group emphasised that, more medicines for people living with AIDS should be procured. However, hearing from the discussion, the researcher observed that some of the support to assist people living with AIDS comes from NGOs, Government, (AIDS Levy), Missionaries, and community.

4.15 Conclusion

This chapter has presented the study findings on elderly women perceptions of people living with AIDS under their care and their coping mechanisms. It has also analysed how people living with AIDS appreciate the services rendered to them. The next chapter will discuss the findings.

CHAPTER 5

Discussions of the Study Findings

5.0 Introduction

In this study, ten elderly women care givers were identified in Makumbi Mission. The average age of the respondents was above 56 years and the oldest was below 86 years. The results of the study confirm that a significant number of elderly women who fall within that age range have people living with AIDS under their care. The study shows that through social constructivism which is a theory developed by Berger and Luchmann, (1966), there are misconceptions about HIV and AIDS by elderly women care givers. For example, when there is a serious or abnormal illness among the Shona peoples, there are beliefs that it is caused by something out of the ordinary (Bourdillon M.F.C, 1976). Also, elderly women socially construct their understanding of HIV and AIDS pandemic which they attach meaning to it.

5.1 Experiences of Elderly Women Care Givers

Due to prolonged illness of their patients, elderly women reported that they encounter different experiences in their care giving. They expressed that they struggle to meet the demands placed on them and the problem becomes a threat or an attack and the person is

unable to cope, thus it becomes a crisis which causes stress in the individual or family. The burden of providing care in the midst of high levels of poverty becomes too great for many of them who reported physical exhaustion and despair due their age. Elderly women reported that they are stressed resulting in them holding different values, attitudes, traditional beliefs, experiences, reactions and expectations which are broadly understood to influence the quality of care they provide to people living with AIDS. They tend to provide poor quality of services which are not appreciated by their patients. They expressed that due to their age, they need someone to help them and to have regular follow up visits by trained community health workers or nurses from the hospital and they need care kits and food in their homes. However, there are some indications that elderly women appreciate the role they play, though without incentives, they do this under difficult circumstances. For instance, it came out very clearly in the Focus Group discussion that, those elderly women who are above the age of 60 years are no longer recognised and appreciated than those care givers who are below the age of 56 years. However, some of the respondents highlighted that elderly women care givers above 60 years are the ones who are providing the primacy of care confirmed by Lindberg, (2000) which is based on lived experiences of both the patient and the care givers. However, even if elderly women are providing the primacy care, it became clear during the focus group discussions that; elderly women need not be left alone but to be assisted in their challenging roles and should be given incentives to motivate them in their care giving responsibilities.

5.2 Traditional Beliefs, Reactions and Attitudes of Care Givers

The majority of elderly women care givers interviewed disclosed different forms of beliefs, reactions and attitudes they acquire about the HIV and AIDS pandemic. Those who participated in the study reported that they either cared for a spouse, daughter/son or relative

who deserve love, compassion and proper care. As they socially construct their understanding of the illness among themselves during their daily activities, the majority of respondents appeared to know something about HIV and AIDS but not all facts. Judgement of what causes HIV and AIDS primarily hinged on a number of factors which are shown to be prevalent in all the wards selected for the study. Although some of the elderly women care givers had the belief that AIDS is something out of the ordinary and is caused by carelessness on one's life, a disease of the prostitutes, angered ancestral spirits and a punishment from God, sixty percent{60%} of them had important and positive considerations about the pandemic. The majority of care givers had positive attitudes, values, and beliefs and perceived that AIDS is a natural disease which is not out of the ordinary and is just like any other diseases such as cancer or rheumatism which can be controlled or treated.

However, direct observations by the researcher confirmed that elderly women socially construct their understanding of HIV and AIDS but still struggle to meet the demands placed on them by their patients' needs. Since elderly women are involved in care giving activities without any incentives and training/education, some of the care givers tended to hold misconceptions, beliefs and attitudes and different expectations on people living with AIDS under their care.

During the study, at least seventy percent (70%) of the elderly women highlighted that they lack basic resources which are essential to their patients. These include proper medication, nutritious food, transport, money and protective clothing. The respondents have different experiences and reported that; very often they find themselves engaging in self help initiatives such as; market gardening, buying and selling to supplement the meagre resources they already have. The respondents indicated that sometimes they are forced to depend

entirely on their neighbours and community for assistance. Elderly women also reported that, they experience stigma and discrimination which is attached to receiving assistance on behalf of someone living with HIV and AIDS. During the interviews, they showed with concern that this is something they experience within their community and often this stresses them.

As confirmed by Project Hope (2006) that the caring burden of people living with AIDS is first placed on elderly grand parents, the majority of elderly women care givers emphasised that they are providing care under discordant conditions adding there are no policies or legal frameworks that protect their rights. This is happening in the face of some of the stakeholders claiming to be engaging in programmes that benefit people living with AIDS. Even if they socially interact among themselves, all the respondents were not aware of any existing legal frameworks that protect their rights. The results of the study show that elderly women are aware that their views are misrepresented in policy making and programming. However, this contributes to poor quality care giving which is not likely to be appreciated by people living with AIDS under their care. The majority of elderly women interviewed seemed to believe that once their views are heard and respected by the government, policy makers and all stakeholders, they will cope well and provide quality care which is appreciated by their patients.

According to Hill in Turner, (1974), individuals and families experience stress due to the internal and external stressors. However, during the time of prolonged illness, patients and elderly women care givers can experience an increased amount of stress and they find it difficult to cope. Because of both the internal and external stressors, it is through this period which was reported that patients lack co-operation and this was understood to result from severe pain which their patients normally go through during long illness. However, from the results of the study, though the majority of elderly women are experiencing external

hardships (stressor), they are beginning to understand the seriousness of the problem through social interaction. More often, elderly women socially construct the problem of HIV and AIDS among themselves, even when their patients refuse to co-operate due to pain. This social constructivism by Berger et al, (1966) confirms that when people experience any serious or abnormal problem in society which they do not understand, they socially construct the problem and they attach meaning to it.

5.3 Perceptions of Elderly Women Care givers

Even though 40% of the respondents reported that they perceive the disease as a punishment from God, ancestral spirits, and carelessness on one's life among others, at least 60% viewed HIV and AIDS as a natural or normal disease which can be treated. The researcher's observation on this note was that; elderly women care givers view a person as a human being who should be treated with respect and still support and show compassionate love to people living with AIDS under their care. Otherwise contrary to their perceptions would mean that the elderly women care givers neglect their patients who are regarded as people who have committed sins and deserve punishment from God. During the study, it even became clearer by one of the elderly woman care giver that; neighbours are a very valuable source of support and sometimes they negotiate on behalf of their patients for them to get their medical supply (ARVs) and food from the government, NGOs and the Church. Due to change of attitudes and beliefs, one of the care givers interviewed, advocated on behalf of other patients saying that; *"AIDS people should be given food, comfort, emotional support, clothes, and should not be isolated from other members of the family and community"*. However, as they socially construct their understanding of the AIDS pandemic, another elderly woman care giver reported that she had discouraged one of her grandchild to continue taking ARVs, arguing that drugs should not be taken for life otherwise this might lead to drug addiction and early

death to the grandson. During the interviews, one of the care givers mentioned that; even if elderly women have a belief that AIDS is a serious or abnormal illness caused by angered spirits or carelessness on one's life, they still perceive people who contract HIV and AIDS like any other person in society who needs loving care and that the community is motivating elderly women to continue doing the good work of providing care to people living with AIDS. The researcher therefore concluded that; perhaps the Christian values imparted by the Missionaries of the Society of Jesus (SJ), based at Makumbi Mission have an influence on the values and beliefs of elderly women care givers and those of the entire community.

5.4 Sources of Support for Elderly Women Care Givers

More often, elderly women care givers are a group in society which lives in extreme poverty and they are marginalized. They are people who are struggling to meet the demands placed on them by the society to care for people living with AIDS. The burden of providing care in the midst of higher levels of poverty becomes too great for many of them to bear due to lack of resources and proper medication. However, of the 100% respondents interviewed, 40% reported that they get support from the community and Non Governmental Organizations while 40% reported that they are engaged in market gardening in their own way to get cash/income to support their patients. The researcher's observation was that, the other 20% who reported that they get help from family members who are working in town or abroad, might mean that the very people who are working in the cities or those who are in Diaspora are sending remittances back home. The percentage of support from the family is lower; 20%, which might indicate that some family members are not extending their support to the carers and patients due to poverty. In this study, the Church, Government and the local community and individuals are playing a vital role in the care of people with AIDS in Makumbi Mission.

The majority of elderly women interviewed further revealed that very often, they find themselves resorting to economic activities such as vending, market gardening and subsistence farming (which in fact are seasonal) to support their patients. Though they are still smiling, the burden of elderly women care givers is multiplied to include mobilization of resources which is difficult due to their age. They socially construct their understanding of the pandemic while they endeavour to mobilise resources to support people living with AIDS under their care. The fact that elderly women endeavour to provide basic needs to their patients at the age when they are supposed to be resting indicates that they view a person as a human being who has basic needs to be met and deserves love and compassion. During the interviews, one of the focus group members expressed that; *“Elderly women care givers should be given incentives to improve the quality of care for people living with AIDS which they can appreciate”*. By getting this concern from one of the group members, the researcher concluded that policy and legislative guidelines on elderly women care givers can safeguard the rights of volunteers and facilitate policy enforcement on incentives.

5.5 Key Informants Related Information

During the study, Key Informants such as traditional leaders, religious leaders, nurses, social workers were interviewed in order to get their opinion on the topic under study. Following the interviews with Key Informants, the study revealed that the majority of key informants have knowledge on the HIV and AIDS pandemic which they acquire through social constructivism which was developed by Berger et al, (1966). The theory explains that the understanding of a problem in society is socially constructed among people themselves. From this perspective, the majority of key informants discuss about HIV and AIDS in schools, at political gatherings, at business centres, through workshops and within their family networks and they attach meaning to the problem. The study shows that social interaction helps the

community to understand certain phenomenon which is new to them and they attach meaning to it. However, these people face huge challenges when they see elderly women struggling to take care of people living with AIDS in the midst of high levels of poverty. Of the Key Informants interviewed, the majority of them reported that they felt compassionate and others blamed the patient for having been careless and contracted HIV and AIDS. Others reported that they were very supportive or paid recognition of people living with AIDS and appreciated the role played by the carers. Even some of the key people in the community such as headmen, politicians and business people who were interviewed acknowledged that elderly women are playing a major role in caring for people living with AIDS within their families and community.

During the interviews, one key respondent had this to say; *“Some of the help to support people living with AIDS and their care givers comes from NGOs, Government, (AIDS Levy), Missionaries, and community”*. This clearly shows that key people in the community are aware of what is happening in their community through social interaction and they appreciate the role of elderly women care givers. The headman and other members of the community acknowledge that some organizations provide help to care givers, but is not enough considering the number of elderly women who have AIDS patients under their care. Key informants were concerned about the future sources of support in the event that donors in the area decide to withdraw their services and it will become a graver situation for the carers.

5.6 Demographic Characteristic of People living with AIDS

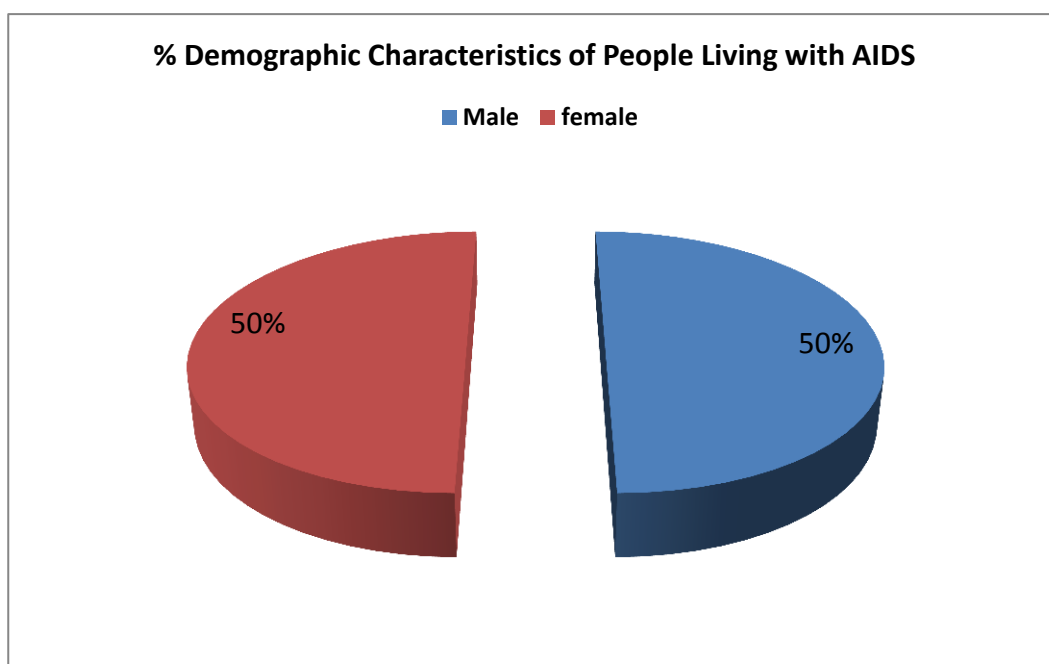
The demographic characteristics of people living with AIDS who were interviewed accounted for 5 male and 5 female under the same care givers. The study shows that people living with AIDS tend to suffer from anxiety which suggests feelings directed towards

perceiving threat of some kind. This was indicative of a crisis situation which Hill in Turner states that the problem is felt as a threat or an actual attack and the person's inability to cope with it increases and this causes stress in the individual or family. However, some of the patients expressed that they need proper counselling. The researcher's observation was that pre and post HIV and AIDS test counselling of the HIV and AIDS individuals and their care givers is very important in order not only to change the traditional beliefs and attitudes that their carers hold towards people living with AIDS but also to reduce stress. Pre HIV and AIDS test counselling is the counselling that is provided to the individual before the person is tested to know his/her HIV status. The Post HIV and AIDS test counselling is the counselling that is provided to the individual after he/she has been tested in order to accept the results of his/her tests.

The fact that the need for counselling came out more frequently shows that people living with AIDS are not to be taken for granted but need to be listened to in order to provide a holistic approach which is person centred approach and is appropriate to their needs. The study also reveal that intervention strategies are not to be left in the hands of elderly women alone but should be provided by all stakeholders in order to lessen the burden on elderly women carers alone.

The Table below shows the demographic characteristics of people living with AIDS who were interviewed by percentage.

Table 14: Demographic characteristics of People living with AIDS by Percentage



During the interviews, some of the People living with AIDS viewed their condition just like what it is with other sicknesses adding that; if they are given proper nutrition and care, their life would be prolonged and their burden halved. During the interviews, one respondent had this to say;

“Now it is very difficult to know that someone is HIV positive because they are provided with ARVs. Long back, positive people were being isolated because there was no appropriate medication and AIDS people were showing signs and symptoms earlier than anticipated. Now people who are HIV positive can access ARVs and are not threatened by the disease”.

As shown throughout the study, caring for people living with AIDS can produce stress and strain to the care giver who then becomes stressed and the family members too leading to unfulfilled expectations, negative attitudes and negative reactions towards people living with AIDS under their care. The physical and psychological stresses would need to be reduced through increased social interaction and counselling as well as providing adequate resources for care givers to provide basic needs to their patients for quality care.

5.7 Perceptions of PLWHA towards Quality of Care

People living with AIDS who were interviewed had their perceptions on quality of care rendered to them by elderly women care givers. The study reveals that the majority of people living with AIDS interviewed appreciate the services rendered to them by elderly women. The majority of people living with AIDS expressed that, even though the quality of care is generally good, they are running short of food, proper medication, transport to ferry them to the hospital, a balanced diet, emotional support among others. Even though the elderly women’s gratifications were linked to the happiness they felt by caring for their sons and daughters, without adequate resources and incentives they cannot provide quality care to people living with AIDS under their care. The study reveals that the majority of people living with AIDS appreciate the care rendered to them because of the relationships that existed between the care giver and the patient. The majority of people living with AIDS expressed

that elderly women care givers are very kind and good but need support from the government and all stakeholders so that they can provide quality care.

However, the researcher observed that, some of the people living with AIDS were very positive about their condition and the quality of care rendered to them by elderly women was generally good to them, though at some point, they expressed that the quality of care should be improved especially when they are in pain. As elderly women are the primary care givers who have people living with AIDS under their care, they should be equipped with all the resources and skills for them to provide the primacy of caring as confirmed by Lindberg, (2000). The Primacy of Care states that; care giving determines what stress and coping mechanisms are and creates the possibility of helping and being helped in order to meet their expectations and those of the people under their care. When the resources are inadequate, this and the basic needs cannot be met and hence people living with AIDS may fail to appreciate the services rendered to them by elderly women care givers. During the interviews, the majority of people living with AIDS had this to say; *“Other family members need to cooperate with care givers so that we can receive quality care”*. While the study revealed that, 10% reported that quality care could be improved, 20% indicated that it was good and 70% reported that it was excellent. This could be explained that the 10% who reported that the quality of care could be improved might mean that the patient who does not cooperate is still in the denial stage or is in pain.

During social interaction, elderly women care givers between the ages 56 years and below 86 years have been reported to be good and motivated to care for their daughters and sons living with AIDS with love and concern and provide quality care which is indicative of maturity of the elderly women care givers of the above mentioned ages. However, it has been evidenced

that the patient care by elderly women need to be monitored to avoid bed sores which can result due to improper care which elderly women might not be aware of it due to lack of appropriate skills. The researcher also observed that, good nutrition and exercises are important for the patient. This means improving the nutrition of the patient (small but frequent meals per day) and at the same time promoting good health through exercises as tolerated. Given the fact that, both nutrition and exercises promote psychosocial development, elderly women may fall short of perceiving the holistic aspect in care giving and misconceptions and negative attitudes of the elderly women towards people living with AIDS can be experienced.

5.8 Conclusion

This chapter discussed the findings generated from the study which was conducted in Makumbi Mission. The discussion is centred on the results of the assessment of elderly women's perceptions with respect of HIV and AIDS and the experiences they encounter in their transaction with people living with people living with AIDS under their care. The chapter further analysed on how people living with AIDS appreciate the services rendered to them by elderly women who care for them and different coping mechanisms employed by elderly women in care giving. From the study, it is apparent that elderly women care givers are highly involved in caring for people living with AIDS and through social interaction, they are bound to hold different perceptions on AIDS patients. This sometimes affects the quality of care which is often not appreciated by their patients.

The study also found that, elderly women's perceptions were influenced by factors such as economic status of elderly women, their knowledge and traditional beliefs on the disease and their coping mechanisms among others. The highest number of elderly women view AIDS as

a natural disease (60%), followed by carelessness on one's life, a disease of the prostitutes, angered ancestral spirits and a punishment from God, which accounted for 10% each. While the knowledge and beliefs on HIV and AIDS varied, 60% cited Tuberculosis {TB} which is related to AIDS, 20% had knowledge about HIV and AIDS and 20% said they had no knowledge about the disease. Their reactions towards people living with AIDS varied from mixed feelings (30%), a greater number (70%) reported that they showed love and compassion.

CHAPTER 6

Summary, Conclusion and Recommendations

6.0 Introduction

This chapter presents a summary, conclusions and recommendations generated from the study findings in Makumbi Mission.

6.1. Summary

This study endeavoured to assess elderly women's perceptions on people living with AIDS under their care in Makumbi Mission. In doing so, the study assessed the traditional beliefs and attitudes held by elderly women in respect of HIV and AIDS, investigate the experiences that elderly women have encountered in their transaction with HIV and AIDS people, analysed how people living with AIDS appreciate the services rendered to them by elderly women care givers and explored the different mechanisms by elderly women care givers.

Firstly, due to an increase of the HIV and AIDS pandemic, elderly women are forced to assume care giving responsibilities to their spouses, sons/daughters and relatives at the age when they are supposed to retire and receive care from their relatives. As elderly women care givers socially construct their understanding of the disease which is new to them, they are bound to hold different attitudes, values, traditional beliefs in respect of HIV and AIDS. They are invisible, marginalised and isolated in society and they encounter varied experiences in their transaction with people living with AIDS under their care which are not recorded or reported anywhere. Even in policy and programming, their views on coping mechanisms are regarded as a thing that is out of the way, resulting in them rendering services that are not appreciated by people living with AIDS under their care. In order to get a fuller picture of the reality of the situation, key people in the community like the traditional leaders, social

workers, teachers, religious leaders and political leaders were included in the study to get their opinions on the subject under study. Focus Group Discussions (FGDs) were conducted to generate group perspectives on the study and a case study was conducted to explore in-depth through direct observation and unstructured interviews in a natural setting (See Appendix 1).

6.2 Elderly Women's Perceptions in Relation to people living with AIDS

The study revealed that elderly women have different perceptions of people living with AIDS under their care which they acquire through social interaction among themselves while carrying out their daily activities. Through social constructivism which was developed by Berger and Luchmann, elderly women are happy about their contribution in society which they are doing out of love and compassion for their sons and daughters who have contracted the disease. However, during in-depth interviews, a concern was raised that, elderly women care givers who are above the age of 60 years are no longer recognised than those who are still younger or below the age of 56 years and that they no longer get support in their care giving. Although they get knowledge through social interaction about the serious illness which is claiming the lives of their loved ones, a greater number of carers felt that they would carry out their responsibility better if they had full knowledge on HIV and AIDS, counselling skills, skills in bathing a patient. They also need someone from the Health Institutions to help them in order to improve their care giving skills.

While there are variations in views, the majority of elderly women expressed with concern that, sometimes they are disappointed because few of their patients do not co-operate and some of their relatives are not showing concern. However, the researcher's observation is that elderly women care givers above 60 years know their job very well and they are committed to

care giving which could be enhanced by giving them appropriate skills, adequate resources and incentives to improve on the services they render to people living with AIDS under their care. Moreover, elderly women care givers expressed that they needed provision of adequate resources such as drugs, cash, food to improve nutrition, care kits, and more training/education on care giving.

Further, elderly women care givers expressed that they need humanitarian assistance for their patients which reaches them directly from donors to avoid diversion of the resources intended for their patients. Despite the fact that, traditional beliefs, expectations and reactions against people living with AIDS under their care prevail, elderly women care givers expressed that they love their daughters and sons and saw nothing wrong in bathing their daughters and sons without gloves. However, although they socially construct their own understanding of the illness which they consider as something out of the ordinary, the study shows that sometimes they lack knowledge on the dangers of contracting HIV and AIDS without precautionary measures. Apart from elderly women care givers having their expectations which among others include; the urgent need for regular visits or follow-up visits from the hospital personnel, such as nurses and health workers, they also have different attitudes, beliefs and misconceptions on people living with AIDS under their care which need to be rectified through education and training in bathing their patients while taking precautionary measures. This would enable them to get motivated, leading to improved quality care and change of attitudes towards people living with AIDS under their care. These concerns or expectations by elderly women carers were also highlighted in the Focus Group Discussions as well as in the Case Study.

6.3 Information from People living with AIDS

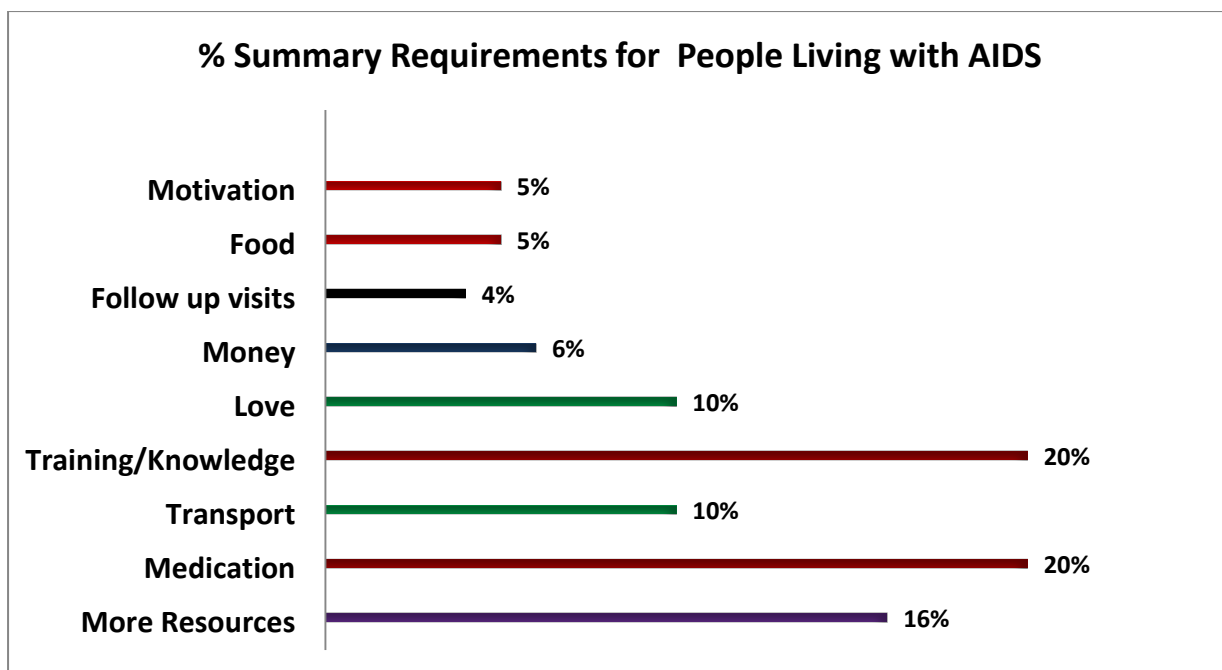
People living with AIDS were also interviewed to gather their views on the subject under study. The purpose of including them in the study was to obtain information on how they appreciate the quality of services rendered to them by elderly women care givers. However, the majority of people living with AIDS expressed that; elderly women were very kind and good and were doing a wonderful job and one respondent expressed that the quality of care could be improved. People living with AIDS were forced to comment this way, most probably because the majority of them were daughters/sons, spouses or relatives of the care givers. In addition, some of the patients expressed that more resources such as food, money, herbal medicines are needed to improve on care given to them. They expressed that sometimes they fail to go to the hospital or clinics to get drugs due to unavailability of public transport systems operating in their wards. For example, there are no direct routes to some of the villages and wards and some roads are in a rough state such that Bus Operators do not want to risk and damage their vehicles. As a result, they withdraw their services. In this regard, the researcher's observation is that, there are no incentives from the government for commuters and bus operators so that transport system improves in the area and becomes available when patients want to go for good treatment at Makumbe District Hospital, especially when they are in severe pain and cannot walk. These critical issues were also strongly brought up by some of the key informants and in the Focus Group. Besides the quality of care, people living with AIDS expressed that they need true love from people who care for them and the entire community.

6.4 Information from Key informants on the role of elderly women

During the period under study, the researcher had the opportunity to meet with the Key Informants who were randomly selected from the community to get their opinions on the role of the elderly women care givers and on how People living with AIDS appreciate the services

rendered to them by elderly women care givers. The study reveals that through social interaction, the majority of Key informants who were interviewed have knowledge of AIDS and on what is happening in their community. They expressed that, more elderly women care givers are needed in the area and they should be given incentives from the government and the community to motivate them. Some of the Key Informants are of the opinion that, every individual should go for voluntary counselling and testing (VCT) and this should be done early enough in order to get medication before HIV infection advances. They reiterated that, care givers need more education and support since they sacrifice themselves and give their time to other people's health problems. This concern was also brought out by some members of the Focus Group. Some Key Informants indicated that elderly women care givers are the most ideal care providers in the family network and are serving humanity. However, it was noted that sometimes people living with AIDS do not appreciate the services rendered to them, adding that there is need to monitor the patient's ability for self care to reduce the enormous burden on elderly women carers. Key informants, who are knowledgeable in the community, felt that the health professionals have to make follow up routines when a patient is discharged from the hospital to assess the family conditions or situation that needs improvement. This would enable elderly women care givers to provide quality care to their patients. The suggestion was also put forward that, elderly women care givers should be provided with protective clothing, education and the latest information on how to care for people living with AIDS. The elderly women themselves mentioned this very strongly which indicates that improving the quality of care for people living with AIDS is a matter of concern and urgency by the Government and all stakeholders. The requirements to improve quality care on people living with AIDS.

Table 15: Requirements for Care Givers and People living with AIDS by Percentage



6.5 Conclusion

The study was undertaken in Mawanga, Murape, Pote and Munyawiri wards in Makumbi Mission. The views of elderly women were gathered through in-depth interviews, Direct Observations, Focus Group Discussions and a Case Study. The aim of the study was to assess perceptions of elderly women on people living with AIDS under their care. The study objectives were;

1. To assess the traditional beliefs held by elderly women in respect of HIV and AIDS.
2. To investigate the experiences that elderly women have encountered in their transaction with HIV and AIDS people.
3. To analyse how people living with AIDS appreciate the services rendered to them by elderly women care givers.
4. To explore different coping mechanisms by the elderly women.

Having conducted the study in Makumbi Mission and analysed data, conclusions of the study on what needed to be improved are based on the following key issues;

6.6.1 Identified perceptions of elderly women on people living with AIDS under their care

Through social constructivism developed by Berger and Luckmann (1966) elderly women care givers are likely to hold different perceptions on people living with AIDS under their care. This was central to the study investigations. The study showed that;

- Generally, elderly women carers have positive perceptions on people living with AIDS.
- While 60% elderly women care givers view HIV and AIDS as a natural disease which is like any other diseases and can be controlled,40% view the illness as caused by angered spirits, carelessness on one's life, a disease of the prostitutes and a punishment from God respectively.
- Because of their positive perceptions on people living with AIDS under their care, they show compassion, love and concern towards their patients, perhaps because the patients are their spouses, relatives, sons and daughters.
- Elderly women care givers acquire knowledge on HIV and AIDS through social constructivism and that is; social interaction or discussing the problem or phenomenon among themselves and attaching meaning to it.
- Despite the fact that some elderly women have the belief that AIDS is a serious illness which is like anything out of the ordinary and are emotionally strained, they still have inner strengths and desire to care for their sons and daughters in agony or in pain.
- As the Focus Group views the role of elderly women above 60 years as not being recognised in society; it was noted with concern that they provide primacy of care better than the care givers who are in their 40's or below.

- The belief that HIV and AIDS is a serious or abnormal illness, like anything out of the ordinary caused by a punishment from God, angered ancestral spirits, witchcraft or sorcery have potential of affecting quality of care rendered to people living with AIDS by elderly women care givers.

However, despite all the efforts and commitment elderly women care givers are taking in caring for people living with AIDS under difficult circumstances, perceptions of elderly women on people living with AIDS are misrepresented in all sectors of society and they do not get adequate social support which is appreciated by their patients. Also, there are no policies and legislation frameworks which acknowledge the views of elderly women care givers which guide them in their activities and which protect their rights. They are also shouldering the burden of care giving beyond their coping capabilities due to chronic poverty and other problems related to aging.

6.6.2 Identified aspects of quality of care and areas of improvement

The study also revealed that;

- The quality of care is generally very good with some expressing that there is need to provide adequate resources for them to improve the quality of care.
- Lack of adequate skills, emotional strain and functional inability because of their old age affect the quality of care.
- The unavailability of sound policies and legislation frameworks that protect the rights of elderly women lead them to lack the proper guidelines which help them to improve the quality of care.
- The quality of care is also affected by vulnerability, stigma, discrimination and isolation of both the elderly women and the people under their care.

- Because of their age, elderly women lack appropriate skills to improve the quality of care which is appreciated by people living with AIDS under their care
- The traditional values of the community and the Christian values imparted by the Missionaries of the Society of Jesus {SJ} help a great deal to quality of care provided.

Generally, people living with AIDS appreciate the quality of care rendered to them by elderly women care givers. However, other cases were cited in which people living with AIDS failed to appreciate the care rendered to them by elderly women care givers. It was also reported that sometimes other family members do not co-operate with care givers due to lack of resources and different values, attitudes, traditional beliefs, experiences and reactions held by elderly women in respect of HIV and AIDS. However, the study revealed that there is need for improvement in the provision of adequate resources, medication; education among others to improve the quality of care. Despite shortage of resources, medication and skills, the respondents appreciated the services rendered to people living with AIDS by elderly women carers and perhaps this is attributed to the traditional beliefs in the area and the Christian values of the Missionaries which have an influence in the positive perceptions of elderly women care givers and the quality of care they render to their AIDS patients.

6.6.3 Identified aspects of coping mechanisms and areas of improvement

The results of the study revealed that;

- Elderly women care givers live in chronic poverty and lack of appropriate social welfare systems targeted at older persons who have people living with AIDS under their care.
- The majority of elderly women engage in economic activities such as market gardening, subsistence farming, buying and selling to supplement their meagre resources to support people living with AIDS under their care.

- Apart from getting support from self initiatives and family members who are working in towns or Diaspora, elderly women get support from the Church, Community and family members.
- Nowadays, elderly women care givers no longer get adequate resources from the government as they used to do.
- Psycho-social support systems are not always fully in place, as they need support from health care teams when the patient is being taken care of by the popular sector.

More often, elderly women provide care to people living with AIDS under extreme poverty and emotional strain. Though they get support from the government, community and family members, this is often not sufficient. Sometimes they fail to cope with the alarming situation and they engage in self help initiatives such as market gardening, buying and selling, subsistence farming to supplement their meagre resources. Their ability to mobilise resources is limited due to their physical strengths and level of literacy and articulation. The need to provide adequate psycho-social support to elderly women care givers who are providing services to people living with AIDS is always appreciated for them to cope well. However, they know their job and the community appreciate them.

6.6.4 Identified aspects of experiences and challenges encountered by elderly women care givers

The study revealed that;

- More often, elderly women care givers lack resources such; food, transport, proper medication to support their patients.
- Due to pain and prolonged illness, sometimes people living with AIDS are harsh and not co-operating and this worries them.

- Sometimes relatives do not show concern and elderly women care givers are left alone to shoulder the burden under discordant conditions.
- While carrying out their challenging activities, elderly women experience problems such as being; invisible, discriminated, isolated, marginalised and stigmatised when they are known to be caring for people living with AIDS.
- The work of elderly women care givers who are above the age of 60 years old is no longer recognised than those who are below the age of 50 years.
- Some of the problems include; lack of legislative frameworks that protect their rights.
- They no longer get adequate support from the government as they used to do and they fear for their future and for their patients if donors who are assisting them decide to pull out.
- Elderly women care givers lack appropriate skills and follow up visits from the hospital personnel so as to provide quality care.

Generally, elderly women care givers face many challenges in providing care to people living with AIDS under their care. All the respondents interviewed in in-depth interviews, Focus Group Discussions and Case Study mentioned that there are challenges that are encountered by elderly women care givers that need to be addressed by all stakeholders. The Table below shows the percentage of requirements needed by care givers in the support of people living with AIDs under their care in Makumbi Mission.

6.6.0 Recommendations

The study therefore concludes by putting forward recommendations based on the objectives and findings of the study as practical steps which may help to change traditional beliefs and attitudes held by elderly women care givers in respect of HIV and AIDS and map a way forward.

The aim of the study was to assess perceptions of elderly women on people living with AIDS under their care. Based on the objectives and study findings, the following recommendations are put forward for improvements;

7.6.0 The first objective was to assess the traditional beliefs held by elderly women care givers in respect of HIV and AIDS.

The recommendations are;

7.6.1 That the government reviews the Zimbabwe Bill for older persons so as to include perceptions of elderly women care givers who have People living with AIDS under their care.

7.6.2 That the government should commission a study to rectify unfavourable popular perceptions of elderly women on people living with AIDS under their care through continuous culturally sensitive information, education and communication programs which facilitate guidelines so that elderly women's views do not remain "*a pie- in- the- sky*" but should be practically known and addressed adequately.

7.6.3 That the government should initiate in-service training and educational programs for elderly women care givers that seek to encourage a balanced relationship between traditional and modern values and beliefs so as to rectify unpopular perceptions and misconceptions on HIV and AIDS and people living with AIDS under their care.

7.7.0 The second objective was to investigate the experiences that elderly women have encountered in their transaction with people living with AIDS. The recommendations are;

7.7.1 The Government and all stakeholders should help elderly women understand the negative consequences of attitudes, beliefs and expectations against people living with AIDS.

7.7.2 That the Government should help the people to dispel myths, misconceptions and beliefs that nurture and condone people living with AIDS.

7.8.0 The third objective was to analyse how people living with AIDS appreciate the services rendered to them by elderly women. The recommendations are;

7.8.1 Elderly women care givers should be enabled to learn skills and positive attitudes required in providing quality care which is appreciated by people living with AIDS under their care.

7.8.2 That the government should review all the outdated policies and legislation frameworks that are put in place to address the needs of people living with AIDS, and come up with new sound policies and legislative frameworks which enable people living with AIDS to appreciate the services rendered to them by elderly women care givers.

7.9.0 The fourth objective was to explore different coping mechanisms by the elderly women. The recommendations are;

7.9.1 That the government and NGOs should facilitate and support income generating activities for elderly women care givers by providing non refundable small grants and grain

loan schemes to enable them to improve their market gardening and subsistence farming for more income to support people living with HIV and AIDS under their care.

7.9.2 That young people who are working either in the cities or abroad {Diaspora} should be given incentives that encourage them to always send remittances back home to support their older persons who have people living with AIDS under their care and hence reduce the burden of caring for AIDS patients with limited support and resources.

8. General Conclusion

Elderly women's perceptions on people living with AIDS under their care are a subject of concern for this study. This study has assessed the traditional beliefs, values, reactions and attitudes held by elderly women in respect of HIV and AIDS and investigated the experiences that elderly women encountered in their transaction with HIV and AIDS people. An analysis on how AIDS patients appreciate the services rendered to them by elderly women and their different coping mechanisms were made. The study revealed that, elderly women's perceptions varied and were influenced mostly by their traditional beliefs and economic status. The carers identified challenges which range from lack of policy frameworks on elderly women care givers, lack of resources, lack of training, and follow up visits by health professionals to lack of motivation. In order to address the challenges experienced by elderly women care givers, the study revealed the urgency of calling on government and all stakeholders to work together in rectifying unpopular misconceptions, beliefs, myths on people living with AIDS and providing adequate resources to care givers who have AIDS patients under their care. The Government is to increase its commitment in coming up with policy and legislation frameworks targeted at elderly women care givers.

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APPENDICES

Appendix 1: Care Giver Case Study

Rosa is a care giver aged 58 years old and is married to her husband Mr Kufa who is 60 years. She is a care giver to her sister in law who is living with AIDS and has herpes. The highest level of education Rosa attained is; secondary but is not employed. Even though her husband is self employed as a carpenter at the nearest business shopping centre, the monthly income he is earning is not enough {USD100.00} for the family to sustain the family and the patient. There are negative changes in the socio economic situation since Rosa became a care giver because they have to share resources with the patient. The care giver supplements the husband's income by engaging in self help initiatives such as market gardening, subsistence farming, buying and selling clothes which is unreliable in some days and months. The patient {Beauty} is a relative and has never been admitted to the hospital due to financial constraints in the family.

Beauty contracted HIV and AIDS from her sister's husband {brother in law} when she was taking care of her sister who eventually died of AIDS. In traditional society, the "chiramu" practice seems to allow some sexual relationships between a young sister-in-law and her brother-in-law. This is what happened to Beauty with her brother in law and she contracted HIV and AIDS.

Both six of Beauty's family members died over a period of three years. Beauty's mother died of High Blood Pressure following the death of her husband, daughters, sons and grand children. There is no one staying in the family house except Beauty who is occupying one room which has become a multipurpose house which she uses as a kitchen, dining room, and bedroom and bath room. Because the patient is incapable of self care, Rosa brings food twice a day and has been a care giver for more than a year. The reason why Rosa cares for Beauty

is because there is no one else to take care of the patient under such conditions. The challenges Rosa is facing as she soberly explains to the researcher are that;

“More often, Aunt Beauty is not co-operating and she does not appreciate the quality of services that I render to her. When I bring her food, she does not accept and sometimes she does not eat, fearing that I might bewitch her. Sometimes she does not want to open the door and I just push a plate of food {sadza} through a narrow hole. Aunt Beauty only accepts help from people whom she trusts and does not trust the help she gets from me as a care giver. There is no cooperation from the family members as well as from the patient. This is a long standing mistrust which has been there since I got married to Mr Kufa 15 years ago. I am not accepted by the patient and the whole family because I was born and bred in the same area and she knows my family history very well”.

Rosa reported that, the patient survives by begging from the people around whom she trusts and sometimes she does not get anything and Rosa continued lamenting that;

“It would be better if aunt Beauty could be admitted into the hospital so that she can get better treatment and quality care. The hospital can provide her with food, medication and some form of counselling. After all, the cause of the disease is a curse in the family. Five of the people in the family died of AIDS therefore she needs counselling from professional counsellors.

During the interview with the patient, the researcher observed that the patient lives under unhealthy conditions and does not co-operate with the care giver. Rosa is often disturbed and withdraws from providing quality care. Rosa understands the condition, in which Aunt Beauty is, but she gets emotionally and economically stressed and she does not know what to do. The care giver concluded by calling upon the Government and NGOs working for people living with AIDS to continue supporting people living with AIDS and the people who care for them. Rosa believes that these efforts can help her because she has no other coping mechanisms and cannot do much on her own.

APENDIX 11: Consent Form

I am giving my consent to be interviewed by Ms Takaza is a University of Zimbabwe, School of Social Work student undertaking a master of Social Work degree. It has been explained to me that I will be part of a research study focusing on perceptions of elderly women on people living with the AIDS virus. I understand that the information obtained will be used to improve the care of people living with the AIDS virus.

I understand that I will be asked questions about myself, my perceptions on people living with the AIDS virus under my care. It has been explained to me that the interview will take

about 30 minutes of my time. I understand that I have been recruited into the study along with 8 other elderly women aged between 56-86 years and some of the people living with the virus including some of the key people within the area.

I have been informed that the interview is voluntary and that I am free to withdraw at any time I feel like. Participation, or no participation or withdrawal will not affect my responsibility as a care giver for the people living with the AIDS virus. The results of this study will be given to me if I ask for them. Ms Stella Takaza is the person to contact if I have any questions about the study. Ms Takaza can be reached through the University of Zimbabwe, School of Social Work, P.O.Box Kopje, and Harare. The Telephone Numbers are: 712 756 211, 733 857 390.

Date:-----

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Subject's signature:-----

Interviewer's signature:-----

APENDIX 111: Fomu Rokubvuma Kupinda Mutsvagridzo

Ini ndiri kupa mvumo yokubvunzurudzwa naMuzvare Stella Takaza. Muzvare Stella Takaza mudzidzi wapa Yunivhesiti ye Zimbabwe, Chikoro cheDzidzo yeMabasa ezve muNharaunda ari kuita dhigirii rezveMabasa emuNharaunda rinonzi pachirungu Master of Social Work degree. Ndatsanangurirwa kuti ndichange ndiri mumwe wevachapinda mutsvagiridzo yekuongorora zvioletwa pakuchengeta varwere vanorarama neutachiona hwe AIDS.

Ndanzwisisa kuti ndichabvunzwa mibvunzo iri pamusoro peupenyu hwangu, zvandinoita mukuchengetedza utano hwevanorarama neutachiona. Ndatsanangurirwa kuti mibvunzo iyi ichatora maminiti angangoita makumi matatu. Ndinonzwisisa kuti ndasarudzwa kupinda muchirongwa ichi pamwe nevamwe vanagangosvika vasere vari kuchengeta avo vari kurarama neutachiona. Uye vaine makore ari pakati pemakumi mashanu Neva tanhatu kusvika makumi masere nevatanhatu.

Ndatsanangurirwa kuti kupinda mubvunzurudzo hakumanikidzwe uye ndakasununguka kubuda mubvunzurudzo pese pese pandinenge ndadira. Kupinda, kusapinda kana kubuda mubvunzurudzo hakuzokanganisi mabatiro andichaita vanorarama neutachiona. Zvichawanikwa muchirongwa chino ndinokwanisa kuzviwana kana ndazvikumbira. Muzvare Stella Takaza ndiye wandinotsvaga kana ndine mibvunzo nezvechirongwa chino. Muzvare Stella Takaza vanowanikwa kuYunivhesiti ye Zimbabwe, Chikoro cheDzodzo yeMabasa ezve MuNharaunda panhare dzinoti: 712 756 211, 733 857 390.

Zuva:-----

Saini yaGogo-----

Saini yemubvunzi-----

Appendix 1V: Guide 1: Interview Guide for Elderly women Care Givers

How are you? My name is-----a student from the University Of Zimbabwe School Of Social Work. I am carrying out a research on ‘perceptions of elderly women concerning people with AIDS.

Confidentiality and consent: I am going to ask you very personal questions and kindly ask you to answer the questions as much as you can. Your responses are completely confidential and your name will not be written on any of these forms and will never be used in connection with any of the information that you will provide. Your honest answers to these questions will help us better understand the perceptions of elderly women who are care givers and the policy makers to device the appropriate policies and strategies to solve these problems.

I am going to ask you questions about care giving. Please feel free and answer to the best of your ability. Can we go ahead?

SECTION A: SOCIO DEMOGRAPHIC CHARACTERISTICS
1. Sex of respondent
2. Age of respondent
3. Marital Status
4. What is your religion?
5. What is your highest level of education?
6. What is your current employment status?
7. What is your total monthly income?
SECTION B: PATIENT RELATED INFORMATION
3. What condition does your patient suffer from?
4. How many times have your patient been admitted to the hospital for the past two years?
5. For how long have you been a care giver?

6. What other chronic conditions does the person you are caring have?

SECTION C: PERCEPTIONS ABOUT CARE GIVING

7. What is your relationship with the person you care?

13. What are the main reasons leading to your care giving or what motivates you to care for the patient?

14. What was your reaction when you first heard of your patient's status

15. What are your traditional beliefs you hold in respect of HIV and AIDS?

16. What are your attitudes towards people with AIDS?

18. What are your views on the quality of care you render to your patients

SECTION D: SOURCES OF SUPPORT

19. How much money do you spend for the meals of the patient per day?

20. What is the source of support for the care giving?

21. Who in the household receives donations for family members?

22. What are the major challenges/constraints do you encounter in caring for your patient?

23. What are your comments with regard to your care giving?

Appendix V: Guide 2: Interview Guide for People Living With AIDS.

How are you? My name is-----a student from the University Of Zimbabwe School Of Social Work. I am carrying out a research on ‘perceptions of elderly women concerning people living with AIDS.

Confidentiality and consent: I am going to ask you very personal questions and kindly ask you to answer the questions as much as you can. Your responses are completely confidential and your name will not be written on any of these forms and will never be used in connection with any of the information that you will provide. Your honest answers to these questions will help us better understand the perceptions of elderly women who are care givers and the policy makers to device the appropriate policies and strategies to solve these problems.

I am going to ask you questions about yourself. Please feel free and answer to the best of your ability. Can we go ahead?

SECTION A: SOCIO DEMOGRAPHIC CHARACTERISTICS
1. Sex of respondent
2. Age of respondent
3. Marital Status
4. What is the highest level of education you have finished?

5. What is your current employment status?

6. What is your religion?

SECTION B: PERCEPTIONS TOWARDS CARE GIVERS

7. Who do you stay with or who is caring for you?

8. What was your reaction when you first heard of your status?

9. What can you say about the quality of care?

10. How do you rate the reaction of the elderly woman who cares for you?

11. Are you witnessing any improvements as a result of care that you are receiving?

12. Do you have any comments with regards to future quality care?

SECTION C: SOURCES OF SUPPORT

16. What are your sources of support?

12. State the preferred channel to receive care

13. Do you have any comments on the quality care and how it can be improved?

Appendix V1: Guide 3: Interview Guide for Key Informants

How are you? My name is-----a student from the University Of Zimbabwe School Of Social Work. I am carrying out a research on ‘perceptions of elderly women concerning people living with the HIV and AIDS viruses.

Confidentiality and consent: I am going to ask you very personal questions and kindly ask you to answer the questions as much as you can. Your responses are completely confidential and your name will not be written on any of these forms and will never be used in connection with any of the information that you will provide. Your honest answers to these questions will help us better understand the perceptions of elderly women who are care givers and the policy makers to device the appropriate policies and strategies to solve these problems.

I am going to ask you questions about yourself. Please feel free and answer to the best of your ability. Can we go ahead?

SECTION A: SOCIO DEMOGRAPHIC CHARACTERISTICS
SOCIO DEMOGRAPHIC CHARACTERISTICS
1. Sex of respondent
2. Age of respondent
3. Marital Status

4. What is your religion?

SECTION B: KEY INFORMANTS RELATED INFORMATION

8. What is your role in your community?

9. For how long have you been living in this community?

14. What are the most common diseases people suffer from in this community?

15. How do you perceive the role of elderly women care givers?

16. What is your perception about HIV and AIDS in your community?

14. What are the challenges being experienced by elderly women providing home care in your community?

17. How do you perceive people who are living with AIDS in your community?

SECTION D: SUPPORT PROVIDED

18. What are the sources of support for care giving in your community?

19. What kind of support do you give to people with AIDS and the care givers?

20. What type of support is given by organizations/state to patients and their care givers?

21. Do you have any comments concerning elderly women care givers or people with AIDS in your community?