Health and Socio-economic Challenges Faced by Elderly people in Rural Communities of Lesotho: The Case of Makhoa Village in Leribe.

BY

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CERTIFICATION

This is to certify that this dissertation has been read and supervised as having met the requirements of the Faculty of Social Sciences, National University of Lesotho, for the award of the Degree of Master of Social Work.

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DECLARATION

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I hereby declare that the research project entitled "**Health and Socio-economic Challenges Faced by Elderly people in Rural Communities of Lesotho: The Case of Makhoa Village in Leribe**" submitted to the Department of Sociology and Social Work, National University of Lesotho (NUL), is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

M.Lekulo   June 2021

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ABSTRACT

Old age is a global phenomenon and Lesotho elderly population seemed to grow at an alarming rate. Statistics showed that Lesotho's elderly population is increasing rapidly and have a larger share than many countries since the population of elderly people constitutes 8.6 percent of the general population (Bureau of Statistics (BOS), 2016). The population of elderly people seemed to be faced with a lot of challenges such as chronic illnesses, abuse, and low or no income to cater for their needs. Despite the alarming increase in elderly people in Lesotho, the challenges faced by elderly people in rural areas are under-researched. The study investigated health and socio-economic challenge faced by elderly people in rural communities of Lesotho at Makhoa village in Leribe.

A qualitative, phenomenological study was undertaken with a sample of twenty-one participants from both Makhoa village and the Ministry of Social Development (MoSD) at Hlotse Leribe. Of the twenty-one participants, eleven were elderly people, five community members, two local authorities (the chief, and the community councilor), and three MoSD officers (Elderly Care officer, Generic Social Worker, and Auxiliary Social Worker). Participants were selected using both purposive sampling and convenience sampling techniques and data was collected using semi-structured interviews and focus group discussion. Data analysis was done using the thematic analysis following six steps of data familiarization, generating initial codes, searching for and identifying themes, refining themes, defining and naming themes, and producing a report.

The study found that elderly people's physical and mental health were highly compromised since their health costs were very high especially for those with chronic illnesses, and mobility limitations due to ageing and HIV and AIDS and COVID-19. There were also social challenges established as loneliness and social isolation, the burden of care for grandchildren, mistreatment and elderly abuse, loss of personal autonomy, and social exclusion. The economic challenges included reduced income, economic exploitation, poverty and high cost of living, and economic insecurity. The study established that community members had negative attitudes towards elderly people like ageism stereotypes, labeling them witches, discriminated against them, and disrespected them. Lastly, it was found out that there were measures in place to address issues of elderly people like national policies, and Old Age Pension, there

were no local structures for elderly people and family was the one playing a major role in care and support of elderly people.

Consequently, the following recommendations were made to address the identified challenges facing elderly people at Makhoa village in Leribe, Lesotho. These include elderly programs, educational campaigns and awareness programs, elderly social clubs, saving groups, capacity building for families, and decentralization of health care facility to the rural Makhoa village in Leribe by the government amongst others.

Key terms

Elderly people, health, socio-economic, rural communities, attitudes, challenges, system, policy.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BOS	Bureau of Statistics
DTA	Disengagement Theory of Ageing
HIV	Human Immunodeficiency Virus
MoSD	Ministry of Social Development
MWSCA	Maseru Women Senior Citizen Association
NGOs	Non-Governmental Organizations
OAP	Old Age Pension
OVC	Orphans and Vulnerable Children
PA	Public Assistance
SILC	Savings and Internal Lending Communities
TB	Tuberculosis
UNDESA	United Nations Department of Economic and Social Affairs
UNECE	United Nations Economic Commission for Europe
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.0 Introduction

Old age is a global phenomenon offering societal opportunities and challenges (Kwan and Walsh, 2018; Shanas, 2017; WHO, 2012), and many experience multiple challenges such as chronic illnesses, abuse and low or no income to cater for their needs (McClennen, Keys and Dugan-Day, 2017). According to United Nations Department of Economic and Social Affairs (UNDESA, 2020), the proportion of elderly people aged 60 and above in 2019 were 703 million in the global population and the number was expected to double to 1.5 billion in 2050. UNDESA (2020) also expounded that Sub-Saharan Africa is expected to experience the absolute size of its elderly population grows from 32 million in 2019 to 101 million in 2050.

Despite the projected impact of population ageing; that there is an upsurge of the disease burden associated with chronic and multiple health conditions, there has been paucity of research on this issue in South Africa (Solanki, Kelly, Cornell, Daviaud, and Geffen, 2019). Statistics and forecasts provided by Statistics South Africa (Stats SA) in the Mid-Year 2018 Population Estimates Report used to evaluate ageing trends for South Africa population anticipates that 8.3 percent of the entire population will be people aged 60 and above in 2022 (Solanki et al, 2019).

Solanki et al (2019) further indicated that there is a link between the high prevalence of the chronic disease, disability and ageing with an increase in the caregiver burden due to high rates of unemployment, and the impact of HIV that had left older adults with substantial care and financial responsibilities to care for the orphans and vulnerable children. United Nations Economic Commission for Europe (UNECE) (2017) pointed out that, rural and remote areas in many countries are faced with pronounced ageing population than urban areas, with less access to services and their situation is intensified by the poorer socio-economic condition.

Like any other country in Sub-Saharan Africa, Lesotho's elderly population is increasing rapidly and have the larger share than many countries since the population of elderly people constitute 8.6 percent of the general population (BOS, 2016). Data from the Lesotho census 2016 showed that Lesotho had an estimated total population

of 2,007,201 and out of this total, 171,797 were older persons aged 60 years and above. The population of people aged 65 and above increased from 5.7 to 6.1 percent from 2006 to 2016 (BOS, 2016). The country, therefore, introduced the Old Age Pension (OAP) as a means to address poverty faced by elderly aged 70 and above (International Labour Office, 2016). It was also regarding the economic, health and social issues faced by the elderly population of Lesotho (Ministry of Social Development (MoSD), 2015). Although the OAP has had positive impacts, evidence had shown that pension on its own may not be able to cover the needs of elderly people since many are also primary caregivers of orphaned and vulnerable children (MoSD, 2015).

UNECE (2017) affirmed that communities and regions that experience pronounced population ageing should be prepared and adequately resourced to provide elderly people with services they need. Therefore, the trends in population ageing require concerted efforts to understand and address the relevant challenges that face those in old age.

1.1 Background information of the study

According to the World Health Organization (2012) the number of people aged 60 and above has doubled since 1980, the number of people aged 80 years will almost quadruple to 395 million between then and 2050, by 2050, these elderly people will outnumber all children under the age of 14 years, and the majority of elderly people will live in low-or-middle-income countries with an increased number of 80%. It is outlined that three major factors driving for this transition are: decreasing fertility, increasing longevity, and the ageing of large population cohorts (Bloom, Canning, and Lubet, 2015).

Moreover, Powell and Chen (2013) stipulated that by 2030, the United Nations 2007 projected that there will be 103 million elderly people in Africa and this will increase to 205 million by 2050. Shanas (2017) depicted that old age is a universal phenomenon, with varying degrees of probability, individuals survive childhood, grow to maturity and become old in all societies. McClennen, Keys and Dugan-Day (2017) states that elderly people experience abuses as the main challenge. This includes physical, emotional or psychological, sexual, financial or other material exploitation, neglect,

and abandonment or self-neglect and the majority of abuse happens within the domestic settings where they live alone or with other family members.

The problem my study intended to address was the health and socio-economic challenges faced by elderly people in rural communities of Lesotho. The Lesotho census 2016 showed that Lesotho had an estimated total population of 2,007,201 and out of this total, 171,797 were older persons aged 60 years and above which makes 8.6 percent of the general population. The populations of elderly people aged 65 and above increased from 5.7 to 6.1 percent from 2006 to 2016 (BOS, 2016). It was estimated that, by 2026, the 124,740 persons would be age 60 years and above; this constituted 6 percent of the population of the country (BOS, 2016). However, regardless of the decline in numbers, the elderly population remained a priority as one of the vulnerable groups due to the challenges they face within the society (MoSD, 2015). The MoSD (2014) indicated that the majority of elderly people reside in rural areas than in urban areas where they are faced with loneliness and negative attitudes from the community they live in. Zastrow (2014) stated that, there was a personal stake in improving the status and life circumstances of older adults and it is worth noting that they are what we are becoming. If their problems are not faced and solved today, we will be in dire straits in the future.

Dhemba and Dhemba (2015) contend that all countries will be obliged to deal with the ageing population and Southern African region where Lesotho and Zimbabwe are situated had the largest number of older persons on the continent. Challenges faced by elderly people in Lesotho include health and socio-economic challenges. The case of Lesotho as stipulated by Dhemba and Dhemba (2015) that, Lesotho's half of the population is poverty-stricken and poverty amongst the elderly population is worsened by the retrenchment of Basotho mineworkers who used to assist remittances. Therefore, the need for these study that addresses the health and socio-economic challenges faced by elderly people in rural communities.

1.2 Statement of the problem

Population ageing is a process by which elderly people increasingly constitute a proportionally larger share of the population (Powell and Chen, 2013). Weil (2017) asserted that the United States of America has experienced an increase in the rural elderly population and the trend is expected to continue until 2030. Greene (2017)

wrote a book on Social work with the aged and their families, and showed that, the functional well-being of persons aged 65 and above is relative since they are likely to experience various forms of emotional, social and economic distress. They have rising acute and disabling illnesses which tend to sharply appear in later years and rural areas have an incommensurate amount of elderly people. Weil (2017) stated that ageing in rural communities is heterogeneous; there are different challenges that people face in terms of access to services and changing service availability in changing economic times, and little is known about older adults in rural areas. Health issues seemed to be some of the major challenges facing older persons in Lesotho as the MoSD (2015) indicates that, diabetes, hypertension, heart disease, poor eyesight and hearing, malnutrition and Tuberculosis (TB) are common in elderly people. HIV and AIDS epidemic also affects them especially women due to their role of caring for the sick without knowledge on protective measures (Mabele, 2012; MoSD, 2015).

Socio-economic issues facing elderly people include loneliness, poverty and economic disadvantages due to loss of family members that used to support them and taking a role of caring for themselves and fostering orphans (MoSD and Help Age International, 2014). It is stipulated that amongst the elderly people who live alone, the risk of loneliness is higher in rural areas than in urban and the majority (80 percent of elderly people) resides in rural areas while only 15 percent in urban areas (MoSD and Help Age International, 2014). Food insecurity hits hard at the population staying in rural areas whereby 70 percent of the population residing in rural communities depend on agriculture (Government of Lesotho, 2018). They are prone to food insecurity due to a decline in productivity and the absence of other economic activities (Government of Lesotho, 2018).

Bongaarts, Hodgson, MacKellar, and McNicoll (2013) indicated that rural elderly populations in China are more likely to live in poverty than urban elderly populations and they are even poorer than the younger rural population. Novak (2018) wrote a book on Issues in Aging and indicated that ageism is one of the issues faced by elderly people. He indicated that, in a sample of elderly people, 77 percent aforementioned that they had experienced more than one incident of ageism whereby they were either disrespected or assumed to have some illnesses. This shows that they experienced some negative attitudes from those around them.

The family structure and living patterns of Basotho have been highly affected by rural-urban migration which has resulted in many elderly people to be left alone without care and support of family members. As a result, abuse and neglect seemed to escalate amongst the population ageing (MoSD, 2014). To sum up on the issue, Basotho attitudes have also changed since they used to offer respect to the elderly and viewed them as the source of wisdom, however, of recent, they are prone to elder abuse, stigma, prejudice and discrimination because of their physical appearance, and declined psychological well- being (MoSD, 2014).

In Zambia, Kabelenga (2018) conducted an interview study with community leaders on elderly abuse in rural and urban communities, the results showed that elderly abuse was a challenge to both communities since it is a domestic and public issue. Elders in rural and urban suffer a multiple of abuses like neglect, verbal and physical abuse being brought up by all informants. Lesotho Times Newspaper (2018) reported that, the Minister of Social Development pleaded with the public to care for and protect elderly people while commemorating International Day of Older persons. This was a day after the murder of the 83-year-old for ritual purposes and the minister appealed to all the youth to stop elderly abuse. This shows that there is a similarity between Zambia and Lesotho as both countries have a challenge in elderly abuse in rural communities and this could also be triggered by the negative attitudes that some people have towards the elderly people (MoSD, 2014; Novak, 2018).

Health and socio-economic challenges faced by elderly people in rural communities of Lesotho could therefore include; chronic illnesses, unavailability of health services, inadequate health services, HIV and AIDS pandemic and mental health issues. The socio-economic challenges include loneliness, neglect, poverty, non-productivity, taking on the role of being primary caregivers to their grand and great-grandchildren, elder abuse, stigma and discrimination and insufficient sources of income.

Existing government reports; MoSD and Help Age International (2014), MoSD (2014), and MoSD (2015) showed that, there are a lot of challenges faced by elderly population of Lesotho and had outlined that rural communities are at stake as compared to urban areas. The recent writers like Dhemba (2012) focused on overcoming poverty in old age: Social security provision in Lesotho, while Dhemba and Dhemba (2015) focused on Ageing and Care of Older Persons in Southern Africa:

Lesotho and Zimbabwe Compared, Turkson and Maphepha (2019) conducted a cross-sectional quantitative and qualitative survey to assess the nutritional status of the elderly receiving a non-contributory pension in Lesotho. Ngozwana (2019) studied the experiences of older adults as caregivers during times of disruption in Lesotho-Implication of adult education. However, none of the researchers focused their studies on challenges faced by elderly people in rural areas of Lesotho. The attitudes of community members towards elderly people and living conditions of elderly people had not been recently studied. Therefore, there was little known on elderly people in rural communities and the challenges they face in Lesotho. This study had investigated health and socio-economic challenges faced by elderly people through interviews to find out community attitudes towards elderly people and available systems and policies in place to address issues facing elderly people in rural communities.

1.3 Purpose of study

The purpose of this qualitative study was to discover and describe health, social and economic challenges faced by elderly people at Makhoa village in Leribe. The study aimed to impart knowledge about elderly people's challenges and how to address them within the rural areas of Lesotho.

1.4 The objectives of the study

The objectives of the study were divided into two: the general objective and the specific objectives.

General Objective

➢ To explore health and socio-economic challenges faced by elderly people in rural communities of Lesotho at Makhoa village in Leribe.

Specific objectives

➢ To find out the health challenges faced by elderly people at Makhoa village in Leribe.
➢ To establish the social challenges faced by elderly people at Makhoa village in Leribe.

- ➢ To explore the economic challenges faced by elderly people at Makhoa village in Leribe.
- ➢ To find out attitudes of the community towards elderly people at Makhoa village in Leribe.
- ➢ To investigate systems and policies in place of elderly people in Lesotho.

1.5 Significance of the study

Old age is a period of challenges due to multiple reasons. As presented in the problem statement, pioneering studies offered a preliminary understanding of the challenges in general faced by elderly people in Lesotho and other countries (Dhemba and Dhemba, 2015; Ngozwana, 2019; Shanas, 2017). Available documentation like government reports highlighted the challenges faced by elderly people, however, there had not been specific studies published five years back on rural communities' challenges faced by elderly people. Weil (2017) stated that ageing in rural communities is heterogeneous; there are different challenges that people face in terms of access to services and changing service availability in changing economic times, and little is known about older adults in rural areas. There had not been a recent study on challenges of elderly people in rural communities of Lesotho and that showed that there was a gap of knowledge on issues facing elderly people in a contemporary era. The study was important for Africa and Lesotho as it tried to connect three important areas of life (health, social and economic) and addressed unidentified and ignored challenges which had more impact on their lives. It contributed to identification of knowledge gaps and service needs for elderly people in rural communities with the view of coming up with strategies for addressing such needs and gaps.

The study contributed information to community members on issues that affect elderly people due to their attitudes and how best to address them. The outcomes of the study would be useful to policy makers and responsible ministries for planning interventions and effective strategies to resolve the health, social and economic challenges faced by elderly people in Lesotho.

1.6 Research questions

1. What are the health challenges faced by elderly people at Makhoa village in Leribe?

2. What are the social challenges faced by elderly people at Makhoa village in Leribe?
3. What are the economic challenges faced by elderly people at Makhoa village in Leribe?
4. What are attitudes of the community towards elderly people at Makhoa village in Leribe?
5. What are the systems and policies in place for elderly people in Lesotho?

1.7 Definition of terms

Elderly people: The Ministry of Social Development (2015) state that, Lesotho Policy of Older Persons adopted the WHO definition by defining old age person as anyone above the age of 60.

The operational definition of Elderly people: All people aged 65 and above living permanently in the area of the study.

Socio-economic: is a complex and multidimensional concept comprising a range of factors encompassing economic resources, power and or prestige that can influence health at different times in the life course at different levels (Williams et al, 2016).

The operational definition of Socio-economic: The income, financial, material resources and association of elderly people.

Health: is the state of being free from illness or injury (Merriam Webster's collegiate dictionary).

The operational definition of Health: health means the physical and psychological state of elderly people.

Rural communities: Ramirez, Baker and Metzler (2008) stated that rural communities are often viewed as serene, rustic and isolated, and many people in rural areas face unique challenges.

The operational definition of a rural community: is a place far from town, difficult to reach, with limited available resources and other essential services.

Attitudes: According to the Cambridge Dictionary, feeling or opinion about something or someone, or a way of behaving caused by other things.

The operational definition of attitude, will be how people feel, belief and behave towards elderly people.

Challenges: Something new and difficult which requires great determination and effort (Collins English Dictionary).

The operational definition of challenges is things that elderly people encounter in their health, social and economic wellbeing.

System: Sillitto Dori, Griego, Jackson, Krob, Godfrey, Arnold, Martin and McKinney (2017) defined a system as an integrated set of elements (processes, services and facilities) that are assembled to accomplish a defined object.

The operational definition of system is procedure taken to care and protect elderly people.

Policy: A definite course of method of action selected from among alternatives to guide and determine present and future decisions (Merriam-webster Dictionary).

The operational definition of policy is a guide that assists in addressing issues of elderly people.

1.8 Limitations of the study

The limitations of the study were that there was no huge sample size as the study used a qualitative method and therefore means that, only a few persons were interviewed and the results could not be used to generalize the views of the entire population. The Covid-19 issue also had a negative impact on the study as it did not allow for people to be gathered in large numbers in one place and the country policies to compact the virus did not allow for gatherings to take longer. This therefore made the research to take longer as participants had to be separated to very few numbers during interviews.

1.9 Overview of chapters

The research report is organized into five chapters:

Chapter 1

The proposal is organized into three chapters. The first chapter outlines the problem under the study explaining its empirical and epistemological relevance to Africa as a whole and Lesotho in particular. It also lists objectives of the study and research questions, acknowledge predicted limitations and states the ethical considerations.

Chapter 2

The second chapter reviews empirical literature on challenges that face elderly people form global to Africa and Lesotho in area of health, social and economic life. The community attitudes are explored and systems and policies in place for addressing elderly people's issues are investigated. The inconsistencies and gaps are outlined.

Chapter 3

The third chapter explains the research paradigm to which the study will be aligned, justifies the research design for the study citing comparative advantages of each selected strategy.

Chapter 4

The forth chapter will present findings and results of the study.

Chapter 5

The fifth chapter will give discussion and interpretation of the key findings and provides conclusions and feasible recommendations for policy and programmatic interventions for dealing with the identified challenges facing elderly people at Makhoa village in Leribe Lesotho.

1.10 Chapter summary

Old age seemed to be posing a challenge to all populations regardless of how developed or underdeveloped they are. Irrespective of its progressive incidence and socio-economic threats, the scientific research in elderly people appeared to be inadequate in African countries and Lesotho is at most highly under researched as

there are no recent studies contacted in the area. Based on the literature and existing government reports, it was deemed necessary to establish and document knowledge of challenges facing elderly people in rural communities, community attitudes towards them and find out existing systems and police in place for them.

CHAPTER TWO

REVIEW OF LITERATURE

2.0 Introduction

This chapter provides an overview of previous studies on knowledge of social, economic, and health challenges facing elderly people, attitudes of communities towards elderly people, support systems available and policy in place to protect them.

2.1 Empirical Literature

This provides an investigation of existing studies that researchers took similar to the current study and related areas. Studies in the fields of elderly people, challenges faced by elderly people and attitudes towards elderly people are examined.

2.1.1 Health challenges confronting elderly people

2.1.1.1 Compromised physical and mental health, Addiction to drugs or alcohol, inappropriate dietary intake.

Powell and Chen (2013) wrote a book on International Perspectives on Aging and assert that ageing is associated with chronic health problems and mostly in Africa, these ageing population occurs in widespread poverty, changing household structures and inadequate health systems which makes it even more difficult for the old to easily access adequate health care. The worldwide epidemic of chronic diseases is strongly linked to population ageing since disorders in strong age will increase in prevalence in parallel with absolute and relative numbers for elderly people aged 60 and above (Prince, Wu, Guo, Robledo, O'Donnell, Sullivan, and Yusuf, 2014). Vijayanchali and Grandhi (2012) revealed that 83% of the elderly in their study during health analysis showed that they were suffering at least one health problem and amongst them were asthma, diabetes, blood pressure, and the aching body was the most prevailing problem. It was also revealed that the majority of them, 69% seek help while visiting the physicians while the rest were managing by themselves.

Hao, Bishwajit, Tang, Nie, Ji and Huang (2017) conducted a cross-sectional study in South Africa on social participation and perceived depression among the elderly

population and their results showed that the prevalence of both perceived depression and loss of interest was considerably high amongst the participants. The crude percentage reporting depression was almost four times higher for women than their male counterparts. This implies that, apart from the fact that population ageing facing depression as a health challenge, women are more at stake than men.

Furthermore, Turkson and Maphepha (2019) conducted a cross-sectional quantitative and qualitative survey to assess the nutritional status of elderly receiving a non-contributory pension in Lesotho using a face-to-face structured questionnaire and a sample of sixty participants. Their results showed that 38 percent of the elderly perceived their health status was not good as others, 34 percent had a better health status and 28 percent said it was the same as compared to other elderly as their age. Factors that contributed to poor health status were viewed as among other things, tobacco consumption, accidents and diagnosed with chronic diseases. This shows that, older persons in Lesotho experience health issues due to their lifestyles as they use tobacco coupled with chronic illnesses.

2.1.1.2 Increase in Health Care Costs

Prince et al (2014) revealed that treating chronic illnesses among elderly people has been proven to be financially straining as there is at times a need for hospitalization and essential care due to multimorbidity. Douglass (2016) stated that the period of dependency for frail elders can last longer and be expensive than the infant to the adult stage. Most industrialized countries have more than 80% of an individual medical cost consumed in persons' late-life years. These were also exacerbated by the chronic burden of disease including HIV, cardiovascular conditions, diabetes, and some cancers which are managed over time by prescribed drugs. The drugs are not the cure but just effective control with benefit to the pharmaceutical industries as they gain lucrative market over time and leave the elderly people with no choice but dependency on them (Douglass, 2016). Aboderine and Beard (2015) orated that representative surveys of elderly people's health revealed that, high rates of hypertension, visual impairment, functional limitations, and depression seemed to be flooding the population ageing and the cost of maintaining these illnesses is very high due to regular check-ups that the old aged had to make. Aboderine and Beard (2015) also

stated that in Africa, infectious diseases continue to affect elderly people underscored by HIV infection and its exacerbating effect on several non-communicable diseases.

It has been emphasized by Mealy and Sorensen (2020) that, pertaining to the increasing population of elderly people in Ireland, the cost of hip replacement and other health problems of old age will make it difficult for the current health system to deliver the services demanded by the future population. This indicates that the more people grow old the challenging their health care and the same is happening in African countries including Lesotho. Dhemba and Dhemba (2015) wrote an article on Ageing and Care of Older Persons in Lesotho and Zimbabwe and showed that Lesotho has elderly people pension which only provides for people aged 70 and above, and this means that, people aged 60 to 69 still have difficulties in paying for their health care as even those with the pension still experience them due to shortage of human resources in the public clinics, drugs, and skilled staff.

Rural populations have less access to services and economic activities and their situation may be aggravated further when combined with poorer socio-economic conditions. This puts rural populations at disadvantage compared to urban ones and can be particularly problematic for elderly people who face social isolation, reduced mobility, lack of support, and health care deficits as a result of the place in which they live (UNECE Policy Brief on Aging, 2017).

2.1.1.3 Illnesses common amongst elderly people

Greene (2017) articulated that elderly people have rising acute and disabling illnesses which tend to sharply appear in later years and rural areas have an incommensurate amount of elderly people. It had been indicated by Lloyd-Sherlock, Ebrahim and McKee (2020) that the risk of dying from covid-19 increases with age, and most of the deaths observed are of people aged 60 and above especially those with chronic illnesses like cardiovascular disease. Solanki et al (2019) further indicated that the most common illnesses among elderly people in South Africa include cancer, diabetes, hypertension, and mental health conditions.

2.1.1.4 Mobility limitation in elderly people (geographical distances, less developed transport services.

Powell and Chen (2013) expounded that, the population of elderly people aged 60 and above in Ghana is highly situated in rural areas. Evidence was the projected demographical distribution of 60 plus population from 1984 to 2025 whereby it was clearly articulated that the urban population would grow from 179,926 to 757,848 while rural will be 539,210 to 796,151. This explicitly shows that there will be huge members of elderly people in rural areas than in urban areas. Consequently, health systems seemed to be one of the challenges to the old age in rural as they travel for long hours to access services and many opt for traditional herbs to save themselves long-distance walks to such clinics (Powell and Chen, 2013). Rooy, Mufune and Amadhila (2015) disclosed in a study conducted in Namibia that, elderly people preferred the use of traditional medicines though they were exempted from paying healthcare services due to the long distances that they had to travel to acquire such services. Rooy et al (2015) argued that this costs them additional problems to their health as the majority stated that the traditional herbs that they took were not prescribed and had no measurements.

In the same manner, many rural areas in Lesotho share one or very few clinics, which costs a lot of people to travel long distances to access services. Among other illnesses that cause elderly people to regularly visit the clinic is diabetes. It is one of the common illnesses that attack elderly people than any other ethnic group (Sinclair, Dunning, Manas, and Munshi, 2017). Chiaranai, Chularee and Srithongluang (2018) stated that 80-90 percent of elderly people have at least one chronic illness and Sinclair et al (2017) showed that many have coexisting illnesses and take multiple drugs. Bagheri-Nesami and Shorofi (2014) indicated that the increasing elderly population is the most intriguing issue in the health and welfare fields around the world and it is even worsened by the insufficient resources and lack of transport services in some communities to cater to population ageing.

2.1.2 Social challenges facing elderly people

2.1.2.1 Loneliness and social isolation, lack of resources to live in good houses

Menec et al (2015) stated that studies have shown that many challenges faced by elderly people in rural and remote areas tend to be poorer, or lacking infrastructure, and having fewer social and health services. Youmans (2015) asserted that both women and men tend to be excluded from voluntary associations in their late sixties although some organizations are being established for the elderly particularly in urban areas. Some voluntary organizations are connected with occupation and when occupation disappears, so does the participation in the related voluntary associations. This is caused by a lack of strength to keep up with the pace and the younger adults who are replacing them. Epps, Weeks, Graham, and Luster (2018) stipulated that many older persons prefer to stay in their homes as long as possible and have shown positive psychosocial and physical benefits. However, there are also challenges of staying home which include poor housing, poor health conditions, and financial confinements (Epps et al, 2018).

Moreover, social isolation and loneliness are specifically problematic in elderly people due to decreasing economic and social resources, functional limitations, death of relatives and spouses, and changes in family structure and mobility and have detrimental effects on the physical and mental health of elderly people (Courtin and Knapp, 2015; Jopp, Boerner, Cimarolli, Hicks, Mirpuri, Paggi, Cavanagh, and Kennedy, 2016). According Tiedmann, Hassett and Sherrington (2015) falls are common and devastating consequences of ageing often leading to ongoing disability and social isolation. According to case studies carried out with older persons in rural areas, they described that they had unique concerns, researchers found that remaining in a rural setting provided them with a sense of life satisfaction, thankfulness, security, and hope. However, worries that arose were on their vulnerability, struggle, and being left alone in their houses as their children moved to town areas (Weil, 2017).

Arslantaş, Adana, Ergin, Kayar and Acar (2015) conducted a cross-sectional study in Western Turkey to examine the factors that affect the loneliness of elderly people and their relationship with quality of life. The results of their study disclosed that 73.6 % of the participants had no hobbies and poor social functioning, and some elderly people

were restricted in undertaking physical activities which forced them to have problems in social activities and could not cope with them. This proves that family members impose restrictions on how elderly people socialize and hence add more to their loneliness which also creates problems like depression and psychological instability.

2.1.2.2 Burden of care for grandchildren and HIV and AIDS

Ngozwana (2019) opined that rapid urbanization, with young families migrating away from their parents in rural areas of Lesotho, is one acute challenge facing elderly people. The social changes have a significant impact not only on the grandchildren but also on the conditions and quality of life of the grandparents acting as caregivers. Ngozwana (2019) emphasized that the above disruptions pose enormous challenges to the lives of elderly people who also need to be cared for and supported during the process of healthy ageing. Maniragaba, Nzabona, Asiimwe, Bizimungu, Mushomi, Ntozi and Kwagala (2019) stipulated about factors associated with the physical health of older persons in rural Uganda that, rural-urban migration has drastically exaggerated the care and support rendered to older persons, and coupled with unemployment, families' support to older persons is also limited. This clearly shows that the burden of care is rested on elderly people as their children migrate to towns and urban areas in search of a job and hence their social life is highly affected due to the role of caregiving which they have to resume to their grandchildren.

To substantiate the above issues of burden of care vested on elderly people, Tanga (2015) indicated that in Lesotho, the immense number of the elderly population resides in rural households within the ambit of dire poverty, chronic sickness and disease, HIV and AIDS, and other related social problems. Tanga (2015) also stated that the most distressing issues around senior citizens of Lesotho are that, instead of becoming independent citizens, they have an enormous number of dependents they care for as many have the burden of care for orphans and vulnerable grandchildren due to HIV and AIDS. Ngozwana (2019) reiterated that the well-being of older adults is compromised due to the magnitude of disruptions like chronic diseases that affect the younger generation. Socio-economic and cultural factors play a role as well as they take over nursing roles in their homes during their own crucial time of ageing.

2.1.2.3 Mistreatment and Elderly abuse

Elderly abuse seemed to be one of the common social challenges confronting many elderly people in the whole world (Kabelenga, 2018; Lesotho Times, 2018; Novak, 2018). Kabelenga (2018) conducted a study on elderly abuse in rural and urban communities in Zambia using social constructionism and a qualitative approach. The sample size of the study was 31 community leaders who were interviewed and 26 of them stipulated that elder abuse was a serious problem in both rural and urban communities while only five stated that it was not. However, all the 31 participants agreed that the main four most suffered elderly abuse in their communities were accusations of elders as witches, neglect, verbal abuse, and physical abuse. Amongst the reported cases, the rural elderly persons suffered more than the urban elderly persons.

Lesotho shares the same sentiments as Zambia; media reports often state that older persons are abused in their homes by unknown perpetrators, relatives, or their families in some cases accused of witchcraft. The evidence was also shown in Lesotho Times (2018) stated that the Minister of Social Development pleaded with the public to care for and protect elderly people while commemorating International Day of Older persons. MoSD and Help Age International (2014) indicated that it is not surprising that the cases of older persons' abuse in a form of rape, property grabbing, and neglect are evident all the time on national media due to declining family support where many elderly people are left alone, abandoned and unsupported.

According to the Ministry of Social Development (2015) in the document on the United Nations Convention on the Rights of Older Persons, 85 percent of older persons in Lesotho live in rural areas, 12 percent live alone and the majority are women. This gender imbalance among the old age population leaves women at higher risk of abuse. MoSD (2014) reported that the lifestyles and family structures of many Basotho are changing. There has been an increase in rural-urban migration which has resulted in many elderly people living in rural areas alone and many families are unable or unwilling to provide care for them. This has cost many Basotho elderly persons to be prone to neglect and abuse. It also demonstrates that abuse is one of the pertaining issues faced by elderly people in the rural communities as many people who stay in

town have migrated from rural in search of jobs leaving them alone or under the care of their grandchildren.

2.1.2.4 Loss of personal autonomy

Leivesley (2018) asserted all people including elderly people have the freedom to make choices about one's own life as it is a basic human right. However, research indicates that elderly people's experiences of decision-making autonomy are strongly attached to their living and care arrangements. Sleap (2018) stated that findings from consultation with 450 elderly people across 24 countries carried out by Age Demand Action campaigners and the Help Age global network by the end of 2017 revealed that, many elderly people were denied their autonomy and independence they enjoyed in their earlier lives due to others who think they could no longer make their own decisions or disregard them when they do. Leivesley (2018) stipulates that loss of decision-making freedom and autonomy for elderly people were commonly connected with actions and care provided by either professional careers or informal careers. Sleap (2018) showed that elderly people could not even make their own decisions about their finances, their property, who to vote for, with whom to live, and their participation in community or social activities due to restrictions from their families.

In the same manner, in Lesotho, elderly people are often denied self- autonomy by their family members with whom they live with. They plan their money from pension and also decide on how their properties are run (MoSD and Help Age International, 2014).

2.1.2.5 Social exclusion

According to Walsh, Scharf and Keating (2017) in their qualitative study to explore how exclusion is manifested in the life course experiences of older adults in rural areas found that, the majority of elderly people indicated that there had been decreased face-to-face contact due to closure of post offices, pubs, and creameries where they used to meet. This had exacerbated by new infrastructures such as the introduction of cell phones and technologies which exclude the involvement of elderly people. Little (2016) supported the view that rapid advancements in technology and media had a huge contribution to the social exclusion of elderly people since there is a need for new skill sets that elderly people are less likely to have.

2.1.2.6 Social experiences of Ageing in Lesotho

Gender imbalance of population ageing in Lesotho puts women at higher risk of abuse and the majority stay in rural areas where they live alone (MoSD, 2015). Mugomeri, Ranotsi, Thobeka, Nyandoro, and Ruhanya (2015) in a cross sectional study showed that elderly people were faced with dissatisfaction with health regardless of the benefits of Old Age Pension in Lesotho. The pension was not enough to cover for their medication and their quality of life was affected.

2.1.2.7 Poor elderly care

Burman, Sembiah, Dasgupta, Paul, Pawar and Roy (2019) showed that elderly people especially females were neglected in terms of food and cared with little focus on their health due to the gender-segregated activities in societies where females were restricted to kitchen work and not involved in economic activities and decisions. Economic pressures had led to elderly people being considered a liability and many families are unable to care for older relatives. These have placed many elderly people at risk of neglect and abuse (MoSD, 2015).

2.1.3 Economic challenges facing elderly people

2.1.3.1 Reduced income

Johnson (2015) wrote a book on Housing Costs and Financial Challenges for Low-Income Older Adults and disclosed that 14 percent of Americans aged 65 and older in 2013 had insufficient income to meet their needs. Epps et al (2018) conducted a culturally informed health assessment to explore the community context of care for old age African Americans using a sample of 24 participants including community leaders, service providers, caregivers, and citizens. The results of the study showed that the majority of participants interviewed stated that financial constraints were major challenges facing old age with dementia and their families as they faced the choice between paying for medicine or food because they did not have the financial ability to pay for both. Therefore, they were bound to choose to eat or buy medicine. Epps et al (2018) further revealed that elderly people relied mostly on social security, receiving little income from savings that they accumulated on their own or workplace and utilized

much of their income to housing due to utilities, maintenance, and property taxes that cost about as much as rent.

Amiri (2018) conducted a descriptive study on problems faced by elderly people in India in Pune City of Maharashtra using convenience sampling and administered questionnaires to 300 elderly people aged 60 and above. The results of the study showed that 34% of the respondents were faced with economic challenges due to the increasing competition from the young generation and lacking the capacity to be productive like before. This, therefore, caused them to rely on small remittances. Lesotho is also faced with a huge burden of youth unemployment as the population of the youth makes 36.5 percent of the country's population (BOS, 2016) and much of the focus had been on youth development projects which had shifted focus on addressing the issues faced by elderly people (International Labour Office, 2016). This means that the income subsidies provided to elderly people are highly affected as they receive a small amount of money.

MoSD and Help Age International (2014) asserted that HIV and AIDS have eroded the labor force population whom elderly people were dependent on. This had exposed many older persons to poverty and economic disadvantages as they do not have enough resources and formal paying jobs to continue supporting themselves and the fostered orphans.

2.1.3.2 Economic exploitation

In a study conducted in rural South Africa, Madhavan, Schatz, Gome-Olive and Collinson (2017) revealed that it becomes challenging for elderly people to follow the albeit romanticized process of ageing as many are taking care of their grandchildren, and cannot utilize their income for their own needs or decide what they want to do with. This is escalated by high unemployed youth they are staying with and cannot be part of social networks that provides friendship and emotional support.

International Labour Office (2016) indicated that Lesotho has a large share of elderly people than many countries in Sub-Saharan Africa with 83, 000 (4.5 %) of its population above 70 years receiving Old Age Pension. Among the population of elderly people receiving the fund, the majority living in rural areas are primary caregivers of their grandchildren as their parents have died due to HIV while others have migrated

to South Africa and township areas in search of jobs or never return. This had forced many elderly people the burden of care using their OAP and their grandchildren are even deciding on how they should spend it.

2.1.3.3 Poverty

The International Labour Office (2016) asserted that the incidence of poverty is high with 56.2 percent of Basotho living with less than $1.25 a day. Households of people aged 59 and above are experiencing higher food poverty than the general population with 39.3 percent compared to 34.2 percent. This shows that elderly people in Lesotho are faced with a huge economic challenge as many are not working and their age group is already living on their pensions. Dhemba and Dhemba (2015) argued that on a general basis, the majority of older persons in both Lesotho and Zimbabwe are poverty-stricken, food insecure, and ill-served by health and social services in their respective countries.

In addition, Dhemba (2012) pointed out that even though many people value and celebrate old age, poverty seems to be a major risk factor in ageing. The evidence is shown in Lesotho where a lot of OVCs are cared for by older persons who rely on the old-age pension scheme. Dhemba (2012) contended that poverty among the elderly in Lesotho is worsened by HIV and AIDS pandemic, an immense decline in assets due to stock theft, and mine retrenchment workers who used to support their families back home.

2.1.4 Attitudes of the community towards elderly people

2.1.4.1 Loss of respect

In a descriptive study on the socio-economic status of the elderly conducted in India by Vijayanchali and Grandhi (2012), a sample of hundred elderly people were selected using purposive sampling and the results showed that, while probing on problems that faced elderly due to their status, 58% revealed that social problems they faced were disrespect, ignorance, and avoidance which let them fall into emotional problems such as isolation, aggressiveness, and stress.

Moreover, WHO (2016) indicated that negative attitudes towards elderly people are widespread and they affect their physical and mental health negatively. World Value

Survey analyzed by WHO reported that 60% of respondents reported that elderly people are not respected. More than 83000 people in 57 countries took part in the survey which assessed attitudes to elderly people across all age groups and the lowest level of respect was reported in high-income countries.

2.1.4.2 Ageism stereotypes

Novak (2018) pointed out that, stereotyping and prejudice are some of the attitudes that people show towards elderly people. They are often treated as kids whereby people will talk to them as though they are talking to children. They often use words such as "sweetie, and dearie". Jopp et al (2016) argued that expectations about elderly people put them in isolation such as not allowing them to participate in activities due to various reasons. They are often limited to certain activities and this is due to what Novak (2018) indicated as shame that the family assumes they bring to them. The extend of physical impairment causing difficulties in accomplishing everyday life is substantial given the co-occurrence of multiple chronic illnesses in elderly people (Jopp et al, 2016). Novak (2018) indicated that attitudes can mislead people to misjudge elderly people and view them as incapable of doing things.

Little (2016) stated that ageist attitudes and biases based on stereotypes reduce elderly people to inferior or limited positions due to how other people judge elderly people. They are often treated as incapable of doing things for themselves as they are limited to either their family members or society to engage in certain activities. This, therefore, makes them feel a lack of power and control in their daily living situations.

2.1.4.3 Discrimination

North and Fiske (2012) stipulated that media representation of elderly people tends to reflect age biases, as elderly people are traditionally underrepresented and typecast on television shows, precluded from lead roles in movies, and stereotyped in magazine advertisements. However, in India, Amiri (2018) found that 72% of the respondent in the study conducted show that they were respected by their family members though there was a problem with a generational gap which caused the conflict between their sons and daughters.

Furthermore, elderly people receiving Old Age Pension indicated that, with the small amount of pension fund that they receive, they are also faced with discrimination in

terms of job opportunities as they are sanctioned from employment (The post, 2018). One of the elderly interviewed stated that his fellow villagers did not expect him to take up any job to complement his R700 pension and they are not allowed to work. He indicated that, with the little they get, they have to cater to all their needs including water bills but there is also the majority that is facing extreme economic challenges (the post, 2018). According to Leduka, Crush, Frayne, McCordic, Matobo, Makoa, Mphale, Phaila and Letsie (2015), an increase in prices has been felt by all consumers although the most affected households are those without economically productive members such as elderly households and those that host OVCs, and depend mainly on petty trade. These households engage in coping strategies such as relying on gifts, skipping meals, buying the cheapest commodities, and migrating to towns in search of jobs.

Atobrah (2016) opined that some of the elderly women in an ethnographic study conducted in Ghana indicated that, they took care of their grandchildren orphaned due to HIV and AIDS and had no support from community and family members due to fear of stigma and contaminating the disease. This, therefore, puts elderly people under a lot of stress and too much work to provide for the family while they already needed much care for themselves. In the same manner, in Nigeria, old age is viewed as a burden especially by family members as the state failed to provide financial support to the older persons (Tanyi, Andre and Mbah, 2018).

2.1.4.4 Witch-hunt

Studies have shown that elderly women are one of the most vulnerable members of society in sub-Saharan Africa and are at risk of being perceived as a witch (Brooke and Ojo, 2020). In addition, Kpessa-Whyte (2018) stipulated that the elderly population in some parts of Ghana are faced with cruel treatment resulting from sociocultural beliefs. For instance, women being accused of witchcraft and banished from their communities. As a result, they are stigmatized, deserted, and subjected to neglect by family members who feel justified not to provide care and support to them. Atata (2018) stated that older women believed to be witches are prone to social and physical isolation by family members and they also face abuse due to lack of basic amenities including food and health care, which leads to their poor health and death in some instances.

In South Africa, elderly abuse is devastating in population ageing especially women who are often accused of witchcraft. Their physical appearance ascribed to age seemed to be taken as an indicator of the presence of malevolence (Ally, 2014). Eboiyehi (2017) indicated that it is not surprising for an average Nigerian who is a typical old woman to be called a witch due to being regarded as weird or anti-social. In many communities, a witch is depicted as an old woman who causes mischief in the family and community, and in rural Nigeria, aged women living alone with certain physical abnormalities such as having red eyes, use poor quality fuel to prepare food, and are regarded as witches. Eboiyehi (2017) also showed that the majority of this form of abuse is purported by family members and community members and these are affecting the enjoyment of their fundamental human rights.

2.1.5 Systems and policy in place for elderly people

2.1.5.1 National Policies

According to Pin and Spin (2016), due to demographic and epidemiological changes, ageing is the demographic reality worldwide, and the increasing number of population ageing poses multiple challenges to governments since old age challenges the welfare system and policymakers. Animasahun and Chapman (2017) asserted that WHO 2014 on facts about ageing, stipulated that, population ageing will distinctly transform all aspects of society, ranging from changes in economic security, employment opportunities, family structure, housing resources and transportation services. This impending transition poses a challenge to effective health care in terms of service delivery to older persons. Bloom, Canning and Lubet (2015) stipulated that the rapid ageing of populations around the world portrays an unprecedented bulk of challenges; shifting disease burdens, accrued expenditure on health and long-term care, shortage in the labor force, no savings and expected problems with elderly people's income.

It is worth noting that, some countries like Japan have made ageing of society a centerpiece of national policy and have acted in sustained ways to ensure that dignity, safety and respect of elderly people become a cultural traditional demand (Douglass, 2016). In contrast, Nigeria has no national social security system for economic buffer to elderly people though it has a national social development policy aimed at providing

a framework for protecting elderly persons from moral and material neglect and provide public assistance when necessary (Tanyi et al, 2018).

Thovoethin and Ewalefoh (2018) indicated that one of the challenges confronting most of the African countries including Lesotho is ensuring adequate income to elderly people without its implications on the nations' economies and the younger generation. It is also worth noting that most of the African countries have pension schemes in place but they lack comprehensiveness concerning people's needs and lack the capacity to offer adequate services to elderly people (Thovoethin and Ewalefoh, 2018).

2.1.5.2 Public assistance and Old Age Pension

In Egypt, Boggatz (2011) wrote a book on supply and demand of care for older persons and indicates that there has been a tragic demographic change in the rate at which people grow old, and older persons are the fastest-growing segment of the Egyptian population. Maniragaba et al (2019) indicate that Uganda population of elderly people increased from 1,1 million in 2002 to 1-6 million in 2014. On the same note, Lesotho's old age population seemed to be having similar demographic trend as Dhemba and Dhemba (2015) stated on Ageing and Care for elderly people in Lesotho that, the Ministry of Social Development 2014 asserts that, elderly people are the fastest growing population in Lesotho and they are on average living longer than before. This poses a challenge to the welfare of the country. Dhemba (2012) indicated that Lesotho has Public Assistance (PA) which is administered to vulnerable groups including older persons aged 60 to 69 years. There is also the Old Age Pension Scheme (OAP) for those aged 70 years and above which was introduced in 2004.

Furthermore, MoSD (2015) developed the United Nations Convention on the Rights of Older Persons aimed at ensuring that the rights and welfare of elderly people are protected. MoSD (2014) stipulated that the Lesotho Policy for Older Persons advocates for the observance of the rights of elderly people through the establishment of structures that will improve the status and well-being of elderly people. This, therefore, shows that there are several policy structures in place for protecting elderly people in Lesotho. However, abuse reports and the literature proves that regardless of measures in place, elderly people still face a lot of challenges (Dhemba and Dhemba, 2015; Dhemba, 2012; Turkson and Maphepha, 2019).

According to the MoSD and Help Age International (2014), the Lesotho government through the Ministry of Social Development offers Public Assistance to support the elderly. It is means tested monthly cash support offered to vulnerable persons, some of whom are the elderly under the age of 70 who are not covered under OAP.

2.1.5.3 Elderly care facilities

There are institutional care facilities in place for the care of elderly people in many countries and is not a new model. The institution of family was enough to care for the elderly people a few decades ago and due to urbanization, industrialization, and modernization, there had been exogenous and endogenous changes in the family system (Pathath, 2017). Lesotho has few elderly care facilities and they offer support in terms of food, shelter, clothing, and health care. There are no psychosocial expects to assist in the homes due to financial constraints though many come to the homes due to abandonment from their families and communities (MoSD and Help Age International, 2014). There were no guiding frameworks to monitor and evaluate the services and outcomes in the elderly care facilities.

2.1.5.4 Local structures for elderly

There are few service delivery agencies that attend to the specific needs of the elderly population in Lesotho as they are regarded as a general population rather than a specific category with specific needs and challenges (MoSD and Help Age International, 2014). In addition, the majority of organizations are donor-driven and allocation of resources to the elderly is not a priority for donors (MoSD and Help Age International, 2014). There were only few organizations that specifically address the needs of elderly. The register of NGOs in Lesotho published in 2000 showed only two registered organizations specifically for serving elderly people which were Maseru Women Senior Citizen Association (MWSCA) and Thusang. However, the MWSCA focused on retired civil servants and worked in Maseru while Thusanang focused on older adults who lived in villages surrounding the university's main campus for over 40 years (Preece and Croome, 2016). This therefore indicated that there were very few local organizations and known structures in place for elderly people's services in Lesotho.

2.1.5.5 Family role in care of elderly people

The family has an outstanding role to care for and support elderly people, however, due to economic challenges and the evolving world, the mutual obligations are being systematically eroded. There is an increasing emphasis on material success and individualism as a result, a well-to-do younger adult who lives far away from home thinks less of caring for the elderly members of the extended family who are not directly his parents (Oluwabamide and Eghafona, 2012). An uprise in development and modernization, coupled with social and economic changes, has caused traditional values and networks to be weakened Family support of elderly people has been affected by the modernization of societies. The low fertility rate has also resulted in fewer children to support elderly people, increased female participation in the labour force decreased the number of caregivers and formal education has contributed to the weakening of the support too (Pillay and Maharaj, 2013). This shows that there is a shift in family support to elderly people as there had been issues like urbanization, formal education, and low fertility which affect the care and support of elderly people.

2.1.5.6 Programs offered by the Ministry of Social Development for elderly people.

The Ministry of Social Development has different programmes targeted towards alleviating poverty amongst elderly people. Amongst the programs offered by the ministry under elderly department are public assistance which is one of the social protection programmes to elderly people aged 60 to 69. The Ministry is however not fully staffed with trained personnel to make the social protection programmes efficient and effective (UNICEF, 2017). This implied that regardless of the available program the Ministry was still faced with the challenge of staffing.

2.2. Theoretical framework

Asiamah (2017) stated that, Disengagement Theory of Ageing (DTA) was developed by Cumming and Henry, it postulates that ageing is inevitable, and one's ability to come in contact with friends and relations reduce over time. The main premise of disengagement theory in Bengtson and Settersten (2016) is that approval and love-seeking, the appropriate rewards of instrumental world of work and socio-emotional world of social relationships fall off during disengagement and that a new freedom to

choose among relational rewards emerges. This study took its theoretical framework from the instrumental work and social relationships perspective to gain insight into the health, social and economic phenomenon along with their correlates;

1. Social challenges facing elderly people (social relationships).
2. Economic challenges facing elderly people (world of work).
3. Attitudes of community towards elderly people (social relationships).

The theory postulated that withdrawal by the individual in both social and psychological involvement was a normal process of aging. It specified that biological, psychological and social disengagement are universal and inevitable (Bengtson and Settersten, 2016). The literature underscores that the burden of disease is vested in old age and amongst the illnesses, they are faced with depression due to loss of loved ones, physical illnesses accompanied by in ability to do things on their own and burden of care for orphans and vulnerable children due to HIV pandemic (Prince et al, 2014; Arslantaş et al, 2015; Hao et al, 2017; Douglass, 2016). In this manner the theory provided the framework in which interconnection of individual health might be understood and addressed by social workers.

The theory prepared both individuals and those in their social networks following their foreseeable leave taking through death. It was functional as it was satisfying for the ageing individual since it enhanced life satisfaction by freeing one from increasing unrealistic demands and expectations of middle age (Bengtson and Settersten, 2016). It provided framework in which individual social life could be understood and challenges that they encounter as literature posited that both women and men tend to be excluded from voluntary associations in their late sixties (Youmans, 2015). Even though many older persons prefer to stay in their homes as long as possible (Epps et al, 2018), an increase in rural-urban migration has resulted in many elderly people living in rural areas alone and many families are unable or unwilling to provide care for them (MoSD, 2014).

The theory talks of temperament and disengagement and suggest that, biological basis contribute for involvement with the environment and variations in the process are attributed to social pressures especially as they are differently experienced by men and women. Zaidi and Howse (2017) argue that, Disengagement theory stipulates that it is harder and more psychologically disruptive for men than women because men

were thought to have social identity more dependent on paid work than women who were thought to be more orientated towards family life. This affirms that the theory recognizes the difference that both men and women have in their old age stage in terms of challenges they are faced with.

The theory was useful for the social system because it helped the group maintain equilibrium while preparing younger members to fit into the retiree's position (Bengtson and Settersten, 2016). Literature affirms that population ageing will markedly transform all aspects of society, ranging from changes in economic security and employment opportunities and this impending transition poses the challenge to effective health care in terms of service delivery to older persons (Animasahun and Chapman, 2017; Maniragaba et al, 2019). This confirms that, policies are made to cater for elderly people also creating some opportunities for younger generations like retirement of elderly people.

As a result, people growing old in societies lose ties with their society and become lonely. This is due to physical inactivity in themselves as compared to their age counter parts. Asiamah (2017) indicated that, the condition of being old is not adorable because it is coupled with interrelated social, economic, health, and withdrawal challenges and all these are in harmony with DTA. Disengagement theory as stated by Cumming (1964) is concerned with the modal case which begins with departure of children from families, and retirement for men or widowhood for women. He viewed disengagement as a mutual withdrawal between individual and society, and the process vary according to characteristics of both.

In relation to the study, the existing literature proved that, social isolation and loneliness are specifically problematic in old age (Courtin and Knapp, 2015; Jopp et al, 2016), financial constraints due to insufficient income (Epps et al, 2018) and the worldwide epidemic of chronic diseases is strongly vested in population ageing since disorders increase in prevalence in parallel with absolute and relative numbers for elderly people aged 60 and above (Prince et al, 2014). The study had therefore applied the theory in order to study health and socio-economic challenges facing elderly people in rural communities as the theory fitted well with the problems identified.

Health challenges faced by elderly people.

Reviewed literature showed that the worldwide epidemic of chronic diseases is strongly vested in population ageing since disorders increase in prevalence in parallel with absolute and relative numbers for elderly people aged 60 and above (Prince et al, 2014). The objective one of the study which is to find out the health challenges faced by elderly people correlates with the emerging literature. The Disengagement theory supports the literature and the objective because it suggests that the condition of being old is not adorable because is coupled with interrelated withdrawal and health challenges due to physical inactivity. It predicts that retirement will bring a period of maladjustment to many elderly people due to physical inactivity. This helped to formulate the research question one; what are the health challenges faced by elderly people?

Social challenges faced by elderly people

Reviewed literature shows that, social isolation and loneliness are specifically problematic in old age due to decreasing economic and social resources, functional limitations, death of relatives and spouses, and changes in family structure and mobility (Courtin and Knapp, 2015; Jopp et al., 2016). This correlated with the objective two that tries to establish social challenges faced by elderly people as it was formulated based on the conclusion that elderly people are faced with social isolation and loneliness due to decrease in activity. The Disengagement theory was found to be appropriate because it underpinned the study by indicating that one's ability to come in contact with friends and relations reduce over time. As a result, people growing old in societies lose ties with their society and become lonely. Therefore, the research question two was formulated which states what are the social challenges faced by elderly people?

Economic challenges facing elderly people

Reviewed literature suggests that elderly people are faced with a huge economic challenge as many are not working and their age group is already living in their pensions or savings if any. Majority of elderly people are sanctioned from the workplace due to high competing environment that requires youth to produce (International Labour Office, 2016; The post, 2018; Amiri, 2018). This corresponded with the objective three of the study; to explore the economic challenges faced by

elderly people. The Disengagement theory was considered to be ideal for the study as it states that, society withdraws from the old person and the organization of modern society requires competition for powerful roles based on achievement. Therefore, such competition favours young people since their knowledge is newer and elderly people are automatically excluded from productive roles. This had assisted the research to investigate the economic related issues faced by elderly people and the research question three was formulated; what are the economic challenges faced by elderly people?

Attitudes of the community towards elderly people

Reviewed literature postulates that it could be considered an eyesore for older individuals or couples to attend a night club in some developing countries like Ghana (Asiamah, 2017) and expectations about old people put them at isolation such as not allowing them to participate in activities due to various reasons (Jopp et al, 2016). This shows that society in developing countries together with the community have negative attitudes towards old age people and how they should conduct themselves. This supported objective four of the study; to understand attitudes of the community towards elderly people. The Disengagement theory proposes that it is more difficult for elderly people to shift to socio-emotional roles especially men and integrative activities because of the danger of competing with their grandchildren for roles within kinship or friendship circles. This assisted to formulate the research question four on what are the attitudes of the community towards elderly people.

Systems and policy in place of elderly people

Reviewed literature shows that some developed countries have made ageing of society a centerpiece of national policy and have acted in sustained ways to ensure that elderly people have dignity, safety and respect vested in cultural tradition demand (Douglass, 2016). Other countries, especially in developing countries, have no national social security system to an economic buffer to elderly people (Tanyi et al, 2018) and one of the challenges confronting most of the African countries including Lesotho is ensuring adequate income to elderly people without its influence on the nations' economies and the younger generation. The objective five of the study; to investigate systems and policy in place of elderly people was formulated based on the empirical literature. The Disengagement theory supported the literature by indicating

that, retirement from the labour force, is often forced on individuals and made an abrupt and painful transition for elderly people, this due to the large numbers of young generations that are without jobs and create a competitive environment for productive roles for older adults. The emergence of the research question five was based on the theory and it states what are systems and policy in place for elderly people?

2.3 Conclusions of the reviewed literature

Studies showed that elderly people lack strength to keep up with the pace and the younger adults who are replacing them and many older persons prefer to stay in their homes as long as possible and has shown positive psychosocial and physical benefits. However, there are also challenges of staying home which include poor housing, poor health conditions and financial confinements. Social isolation and loneliness seemed to problematic in old age due to decreasing economic and social resources, functional limitations, death of relatives and spouses, and changes in family structure and mobility. Majority of elderly people are left alone or with grandchildren to care for with limited or no resource support from their children. There is also segregation of job as they are forced to leave job as their age reaches the guiding country policy. This leaves majority of them with financial stress apart from the socio-emotional stress imposed to them.

The old aged persons are faced with abuse either from the society or family members as they are referred to as witches and receive cruel treatment which subdues them to stigma, desertion and subject to neglect by family members who feel justified not to provide care and support to them cause them depression.

Findings showed that financial constraints were major challenges facing elderly people especially those with multiple illnesses and their families as they are faced with the choice between paying for medicine or food because they did not have financial ability to pay for both. They are also faced with economic challenges subjected to the competing young generation and lack of capacity to be fruitful like before. To worsen their situation, the plight of HIV places them at disadvantaged since they care for their grandchildren in a poverty-stricken economy and cannot utilize their income for their needs.

Studies proved that chronic diseases are strongly vested in old age population and treatment of such diseases is financially straining as there is a time for hospitalization and essential care due to multimorbidity. This affects not only the aged but the immediate family members to encounter costs which they sometimes find it very difficult to cover. There is also poverty which causes the changing household structures and inadequate health systems making it even more difficult for the elderly people to easily access adequate health care. Many old adults are staying in rural areas and were never introduced to formal jobs and hence lack compatible pension packages as they rely on agriculture for survival. Rural areas have less access to services and activities and their situation may be aggravated further when combined with poorer socio-economic conditions which place them at disadvantages compared to urban ones. This postulates a problem for elderly people who face social isolation, reduced mobility, and lack of support and health care deficits as a result of the place in which they live.

2.4. Gaps in literature

Most of the studies were contacted in developed countries where the issues of old age had been widely explored. There are few studies which are conducted in Sub-Saharan Africa especially Lesotho where the population on of elderly people seemed to be growing at an alarming rate. The majority of literature recently written within five-year period focused on countries like Ghana, Zambia, Egypt, India and USA, and there had been very little literature in Lesotho except for the Government reports and policies. The existing literature in Lesotho focused a lot of attention on general challenges facing elderly people in Lesotho not specifically on rural health and socio-economic challenges of elderly people.

The empirical studies reviewed were based in urban areas where access to services is not as challenging as in rural areas. The urban population of the elderly people had advantages to engage in other activities like gyms, and associations that may stand as forms of entertainment since majority were once in formal jobs. The reviewed literature does not give in-depth challenges faced by the elderly people in rural areas who access services freely from local health centers; their challenges on the health system, including long travel with long queues are not outlined. The illnesses associated with use of improper sanitation and imbalanced diet are scarcely explored.

This shows a great gap for rural population where access to clean water is a great challenge as use of wells and poor sanitation is what is available for them. It also poses more challenges in relation to the health of vulnerable groups including elderly people to travel long distances to gather water with their weak bodies.

The empirical literature focused more on elderly people who received the pension or social security, little was said on those that do not receive any of the above based on the age of the person as not all elderly people qualify for the pension. There is also great focus on employment opportunities and very little literature talked of those that relied on agriculture. This means that, the cost of their production and challenges that they encounter to produce are rarely explored.

The reviewed literature did not find much of the attitudes of community towards elderly people as it only lists labeling, prejudice and restrictions that families impose to them. Thus can also be due to the fact that the studies were conducted in urban areas and other countries other than Lesotho.

The gap that the social security and Old Age Pension schemes for elderly people are not explored. The literature does not outline what systems are available within communities to address the plight of elderly people. There is generalization as it portrays as though all people aged 60 and above have smooth access to social security and those aged 70 and above receive the OAP.

2.5. Chapter summary

Even though there is extensive body of knowledge generated on elderly people's challenges, there seemed to be scanty documentation on elderly people in rural areas in Sub-Saharan Africa where Lesotho is located. The majority of literature focused on old age in developed counties and portrays old age differently from the African content as it talked of old age paying rent and utilities while in many African countries they live in muddy houses or shacks in some incidents where they do not have access to clean water and electricity.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The methodology of the study is defined as the general approach that the research would take to investigate and which methodological design may be best suited to respond to the object and concerns of the study (Lapan et al, 2012). It is concerned with the process and method by which the researcher acquires knowledge about the world (Khan, 2014). Creswell (2014) stated that research methodology is the procedure for the research as it involves steps from broad assumptions to detailed methods of data collection, analysis, and interpretation. This chapter consequently captured the methodology and procedures used to explore health and socio-economic challenges faced by elderly people in Makhoa village Lesotho. It outlined the researcher's philosophical underpinnings of the study, the research approach and design, the study site, population, sample and selection procedures, data collection, and data analysis, reviewing ethical considerations and concludes with considerations of trustworthiness of the research.

3.1 The philosophical underpinnings of the study

Research philosophy according to Jariya (2015) relates to the development of knowledge and the nature of that knowledge in the social world. It includes assumptions about how one views the world and entails epistemology and ontology that have a direct effect on the methods which the researchers think about in the research process. The philosophies help to generate ideas into knowledge in the context of the research and are the basis of the research which involves a choice of research strategy, formulation of the problem, data collection, processing, and analysis (Žukauskas, Vveinhardt and Andriukaitienė, 2018). Cypress (2017) stated that philosophical assumptions consist of a stance towards the nature of reality (ontology) and how the researcher knows and how they know (epistemology), the role values in research, and the methods used in the process. The study adopted both interpretivist epistemology and constructivist ontology philosophical considerations. These were relevant because research goal will be to understand and describe the

meanings that elderly people attach to the health and socio-economic challenges they face.

3.1.1 The constructivist ontology

Ontology is the philosophical study of the nature of reality and how there be different perceptions of what is known (Jackson, 2013). James (2016) stipulated that ontology is the study of being, what exists, and is concerned with what constitutes reality; what it is. It also shapes the kind of questions the researcher might pursue about how people interact or act. Scotland (2012) opined that with ontology, researchers need to take a position regarding their perceptions of how things are real and how they work. Bracken (2010) stated that it enables the researcher to uncover how their perceptions of human nature impact the approach they consciously adopt to reveal social truths.

Bryman (2012) indicated that constructivism is an ontological position that proclaims that social phenomena and their meanings are continually being convoyed by social actors. They are not static but in a constant state of revision. The author further states that the researcher presents a specific version of social reality by bringing own account of the social world and cannot be regarded as definitive since knowledge is viewed as indeterminate. In an ontological position, meanings are linked to what people say. Denzin and Lincoln (2018) argued that constructivism ontology assumes that there are multiple realities as the social world cannot be apprehended independently of the perspectives or interests. Braun and Clarke (2013) stipulated that the ontological position of constructivists is concerned with the production of meanings from what people say.

The ontology of this study is that elderly people face challenges that deteriorate their health, social and economic well-being. These challenges bring about other challenges like negative attitudes of communities and their family members towards them and hence affecting their quality of life. In the study, I interacted and collaborated with participants to gain knowledge and understanding of their social world from their own perspective within their areas and get in-depth of how they were affected by the challenges they faced.

3.1.2 The interpretivist epistemology

Scotland (2012) elucidated that, epistemology is concerned with the nature and forms of knowledge, how such knowledge is created, acquired, and communicated. The questions that the researcher focuses on are what nature of the relationship between the would-be knower and what is it that can be known? James (2016) asserted that interpretivist epistemology supports the integrity of the research, reveals motivation and potential biases related to the research project, and assists readers to best understand how they might apply findings in their own contexts.

The epistemology consideration of the study will be interpretivist which is articulated by Scotland (2012) as one of subjectivism based on real-world phenomena and the world does not exist independently of our knowledge of it since different people may construct meanings in different ways but the matter is consensus formed by co-constructors. The epistemology of this research is therefore that, through in-depth, semi-structured interviews and focus group discussions, the researcher will engage with different participants to come up with understanding and knowledge of what their view of challenges is by their experiences and not question their ideologies but accept them as they are.

3.2 Research approach

In order to satisfy the objectives of the study; finding out the health, social, and economic challenges faced by elderly people in rural communities of Lesotho, the attitudes of the community towards old age and investigate systems and policy in place for elderly people in Lesotho, a qualitative research approach is proposed. Taylor, Bogdan and DeVault (2016) argued that a study is considered to be qualitative in nature when it collects descriptive data from people's own words and records of their behavior and appropriate for small samples. Queiros, Faria and Almeida (2017) elucidated that, the advantages of using qualitative research design are that it focuses on aspects of reality that cannot be quantified and helps the researcher understand the depth of the problem under analysis and it is easily understood by readers. Bryman (2016) emphasizes that qualitative research focuses on word meaning rather than quantifying numbers in data collection and analysis. Therefore, a qualitative research design was deemed appropriate because it allowed the researcher an opportunity to

have an in-depth analysis of people's opinions about the challenges they face and came up with conclusions based on their experiences.

The limitations are indicated by Queiros et al (2017) as time-consuming since, a lot of time is taken to complete the study due to methods of data collection and analysis like conducting in-depth interviews and transcribing, and takes the researcher ample time to complete. However, this gap will be overcome by using focus group discussions with some participants to reduce one on one interviews.

3.2.1 Research design

Creswell (2014) explained research designed as established methods and procedures used in the process of collecting and analyzing measures of the variables definite in the research problem. It is a guide to find answers to research questions. It also represents a structure that guides the execution of the research method and analysis of subsequent data. It helps to understand the behavior and the meaning of such behavior in its specific social context (Bryman, 2012). Denzin and Lincoln (2018) indicated that it specifies how the investigator will address two issues of representation and legitimation as it shows the plan of what the study will entail, how it will be conducted and integrates the goals of the study, theoretical frameworks, research questions, ethics and methods of data generation and analysis.

The study had employed phenomenological design and the term phenomenology is outlined as the study of phenomena, where a phenomenon is anything that appears to someone in their conscious experience and it falls within the family of qualitative research methodologies (Gill, 2020). Gallagher (2012) asserted that it describes the lived experiences of individuals about the problem. Creswell (2014) indicated that phenomenological research design is an approach that emphasizes the commonality of a lived experience within a particular group, and its central goal is attaining an explanation of the nature of the particular phenomenon. Bryman (2012) indicated that phenomenological design is concerned with the question of how individuals make sense of the world around them and in particular how the philosopher should bracket out prejudices in his or her grasp of the world. The disadvantage of the phenomenological approach as outlined by Rahman (2017) is that, it works with small groups and the results cannot be used to generalize the larger population.

In the study, the researcher had found out the challenges of old age people in the rural communities within their context through in-depth interviews. They were the ones telling their stories about what challenges they encountered and the people around them. The focus had been on appreciating their perceptions and understanding of a phenomenon as it happens or when it happened. The community views towards old age had been investigated as they were giving out their views towards elderly people and policies and systems in place to address issues of old age had been known from authorities through interviews.

3.3 Study site

Johnson et al (2018) defined a study site as a place where research is conducted. For the proposed study, Makhoa village is a rural area located in the Leribe district of Lesotho within the Motati community council. The researcher chose to use this village because she is familiar with the area, accessible and it would be easier to extract information from the participants. The village is hard to reach as it is also on top of a mountain and the majority of elderly people have difficulties in accessing services including clean water. This has been substantiated by the 2016 census key findings which showed that most rural households were using unimproved toilet facilities and unimproved sources of drinking water (Lesotho Bureau of Statistics, 2016).

3.4 Population

Majid (2018) asserted that population is the study's target population of interest the researcher intends to study and it includes the description of the demographic information of the population. Bryman (2012) indicated that population is the universe of units from which the sample is to be selected. The Lesotho Bureau of Statistics (2016) showed that the Motati community council had a population of 10,080 and the Makhoa village population was not outlined. The efforts to find the exact population for the selected village did not manifest. Therefore, the study population had been derived from the villages and family members of people aged 65 years and above; both males and females who had been residing permanently or for more than five years at Makhoa village.

3.5 Sample and sample procedure

Bryman (2012) explained sample as the segment of the population that has been selected for investigation; it is the subset of the population. Gill (2020) indicated that sampling in qualitative study utilizes a small sample size. Bryman (2016) highlights that sample sizes in qualitative research should not be too small as it makes it challenging to attain data fullness and theoretical saturation. In the same regard, it should not be too large a sample size that it is hard to undertake in-depth case analysis of the problem at hand. Bryman (2016) also asserted that the sample size for qualitative study should range between 5-25 participants as it would provide the researcher with enough data saturation.

The sample of the study was twenty-one participants from the study site. This was influenced by Creswell's (2014) standard that phenomenological studies require the number of participants between five and twenty-five since beyond twenty-five participants' theoretical saturation will likely be reached and not acquire any new information (Creswell, 2014). The researcher selected the participants using both purposive sampling and convenience sampling. Etikan, Musa and Alkassim (2016) stated that purposive sampling is a deliberate choice of participants due to the qualities they possess and it does not need a set number of participants since the researcher decides what need to be known and sets out to find people who can and are willing to provide information by virtue of knowledge and experience. It was deemed to be best fitted in the research because it chooses participants based on qualities and experiences and allows the research to find out people who can and are willing to provide the information by virtue of knowledge or experience. Purposive sampling had been used for selecting elderly people, local authorities, and government officials while convenience sampling had been used for selecting community members. Convenience sampling is where a target population that meet practical criteria such as easy accessibility, geographical proximity, and availability at a given time, or the willingness to participate are included for the purpose of the study (Etikan et al, 2016). Convenience sampling was used for selecting community members who were willing to participant in the interviews.

There were twenty-one participants from both Makhoa village and the Ministry of Social Development at Hlotse Leribe. Of the twenty-one participants, eleven were

elderly people, five community members, two local authorities (the chief, and the community councilor), and the three MoSD officers (Elderly Care Officer, Generic Social Worker and Auxiliary Social Worker). The participants were selected based on their wiliness to participate and their availability.

The inclusion criteria of elderly people were those aged 65 years and above who stayed at Makhoa village for the past five years. The community members were men and women aged 25 years and above who stayed at Makhoa village for the past five years. This was based on the maturity of information needed as such people were able to freely indicate their participation without needed consent from parents or caregivers. It was also due to the belief that those who stayed longer in this village had insight and knowledge of how people react towards old age and know the attitudes that are portrayed towards elderly people by the general population than those who have short-lived in the area. For the authorities, any person in charge of the village in terms of governance; the chief village and community councilor regardless of age were interviewed.

The exclusion criteria had been all elderly people aged below and above 65 years who stayed in Makhoa village less than 5 years and all community members aged below and above 25 years who stayed less than 5 years at the study area.

3.6 Data collection

Etikan, Musa and Alkassim (2016) explained that data gathering is crucial in research as it is meant to contribute to a better understanding of a theoretical framework. For the study, data had been collected using face-to- face interviews with community members, the chief, the community councilor, Elderly care officer, Generic Social Worker, and Auxiliary Social Worker and focus group discussions with elderly people. Braun and Clarke (2013) suggested that interviews are suitable for research questions focused on exploring participants' experience of the identified problem. Bengtsson (2016) indicated that interviews give the researcher an opportunity to deepen the discussion with participants.

Bryman (2016) stipulated that the focus group method is an interview with several people on a specific issue or topic; it is essentially a group interview that involves at least four interviewees. Bryman (2016) indicated that focus group interviews enable

the researcher to save time and money to conduct the research but most importantly, it helps the research know how people respond to each other's views and build up an understanding out of the interaction that takes place within the group. The focus group method had been employed while interviewing the elderly people and they were in one group of 65- and above. The researcher was the facilitator who guided the discussion not became intrusive.

The research instrument that the researcher used is an interview guide. Menzies, Laurie and Zimmermann (2016) stated that an interview guide is a list of the high-level topics that the researcher plans to cover in the interview with the high level of questions that need to be answered under each specific objective. It is a guide on how the researcher plans to go about the interview. In the study, the researcher had therefore developed an interview guide that entailed questions on health, social and economic challenges faced by elderly people, attitudes of community towards them and policies and systems in place to address their issues. The questions were asked in the field in order to track if all information needed was encompassed and guided the researcher to be focused.

Semi-structured questions were used with inclusive of additional questions on the field due to the situation at hand. Adams (2015) pointed out that, semi-structured questions employ closed and open-ended questions often accompanied by follow-up questions on how and why. They are beneficial where the researcher wants to know the independent thoughts of individuals within a group and their main gap is that they are very time-consuming and require a lot of knowledge or sophistication from the researcher. This was relevant to the study because it allowed for probing and making follow-up questions to get to the bottom of the issues discussed.

For interviews conducted with participants, an audio recorder was used concurrently with note-taking. The interviews had been conducted in a natural setting at the village chief place or where the participants deemed free to gather for one hour thirty minutes at most. The language that was used is Sesotho as it is the official language that all people use in the village and transcription had been made afterwards and translated into English.

3.7 Data analysis

Data analysis is a dynamic process intertwining together recognition of emerging themes, identification of key ideas or units of meaning, and material acquired from the literature and it starts when all data has been collected and prepared (Haradhan, 2018). Data had been analysed by using thematic analysis. Castleberry and Nolen (2018) indicated that thematic analysis is a method of identifying, analyzing, and reporting patterns or themes within data in qualitative designs. It is a descriptive method that reduces data in a flexible way that merges with other data analysis methods. Braun and Clarke (2012) stated that, thematic analysis permits the researcher to understand and make sense of collective or shared meanings and experiences. It is also flexible as it allows the researcher to concentrate on the data in various ways.

The study employed thematic analysis as data was collected using interviews and analyzed into themes in order to get meanings of what it entails. Thematic analysis has six stages; data familiarization, generating initial codes, searching for and identifying themes, refining themes, defining and naming themes, and producing a report (Braun and Clarke, 2012). The research followed all the six stages while trying to investigate and understand the health and socio-economic challenges faced by elderly people at Makhoa village in Lesotho. During data familiarization, the researcher had gone through the recordings, field notes, and transcribed and translated them into English. Generating initial codes stage is where the researcher assigned preliminary codes to the data to describe data content.

In the search for and identifying themes stage, the researcher assessed the recurrent codes to make meaning of how the themes fit together. In refining themes, the researcher reviewed themes identified in the previous stage to check if they supported the theme, checked for repetitions, similarities, and differences that came out of the data. Defining and naming themes stage is where the researcher indicated what the themes are about and showed the relationship to the research questions. The last stage which is report writing entailed details of accounts of what happened, gave detailed analysis of the codes, and process and elaborated on the theoretical, methodology and analytical choices adopted for the research. This method of analysis had assisted the researcher to understand experiences of elderly people in terms of

challenges they face, the thoughts and behaviors of community members towards elderly people. Through generated themes, the researcher had been able to get information raw as it was from the respondents.

3.8 Ethical considerations

Bryman (2016) stated that ethics are guiding principles of the research as they indicate how people should be treated during research and which activities should not be undertaken in relation to the people. Braun and Clarke (2013) indicated that ethical standards include codes of conduct, theory, and practices that assist in ensuring that research follows moral and non-harmful ways. The research also followed the ethical principles that guide research as indicated by Bryman (2016) that they are informed consent, no harm to participants, invasion of privacy, and deception.

3.8.1 Informed consent

Bryman (2016) opined that informed consent is crucial before engaging participants in research as it allows for people to indicate their will to participate or not based on the details provided about the study. The researcher had therefore provided her identity to participants and enough information that was needed by participants to make an informed decision about whether or not they wished to participate including the time they were expected to take during the interviews. This had also proved the accountability of the researcher as it was shared with participants that the results of the study would be accessible to them and none of their names or identities would be published. There was a presentation of the informed consent form which was written in Sesotho to allow participants to read for themselves about the details on which their engagement within the research was based upon.

3.8.2 No Harm to participants

Bryman (2016) stated that harm entails a number of facets: physical harm; harm to participants' development, loss of self-esteem; stress, and inducing subjects to perform reprehensible acts. The researcher ensured that she did not expose participants to any form of harm as their views were not attached to any identities and those who got emotionally hurt by sharing their issues, found the researcher prepared to offer counseling as she is a qualified Social worker.

3.8.3 Invasion of privacy

The principle of invasion of privacy entails ensuring that confidentiality of participants' information is maintained and anonymity during report writing and publication of the results (Bryman, 2016). Babbie (2014) stipulated that a research project guarantees anonymity when the researcher and the readers of the research cannot identify a given response with a given respondent. For the research, the researcher ensured that confidentiality and anonymity of respondents' information was not revealed in any way. This was also done by ensuring that the information and terms set in the informed consent form which included the permission to record the conversations are adhered to in order to cause no harm to the participants.

3.8.4 Deception

Deception is willful misleading and occurs when an investigator communicates something to a research subject which would likely develop false beliefs that may persuade them to participate (Guttmann, Shouldice and Levin, 2019). Babbie (2014) asserted that deceiving people is unethical and deception in social research needs to be justified by compelling scientific concerns which can also be arguable. The researcher had ensured that the deception of participants was avoided by revealing to participants that they had the option to withdraw from participation at any time where they felt that they were not comfortable and there were no penalties for withdrawal. They were also briefed on the issues to be researched in order to give details of the outcome of the research for their free participation choice into the research.

3.9 Trustworthiness of the research

Trustworthiness is ensuring that there is an absolute truth about the research through credibility, transferability, dependability, and confirmability as indicated by Guba and Lincoln (1985; 1994) in Bryman (2016). The trustworthiness of the research had been ensured by submitting the results to participants for validation of their views in order to ensure that both the researcher and respondents were on the same page. This ensured that there was credibility in the research.

Braun and Clarke (2013) indicated that transferability is the extent qualitative research results can be transferred to other contexts of a group of people. For the research to meet transferability, the researcher has outlined the proposed methodological

procedures, including the proposed study site, sample size, sampling techniques, data analysis, the inclusion criteria, and the interview guide was presented.

Bryman (2016) stipulates that in order to establish the merit of research in terms of trustworthiness, researchers should adopt an auditing approach. It entails ensuring that complete records are kept of all phases of the research process; problem formulation, selection of research participants, fieldwork notes, interview transcripts, data analysis, and all other documentation is accessible. In this way, the research would have achieved dependability. The researcher also followed the trustworthiness of dependability by ensuring that regular review of the audio and field notes was done, kept all records and followed the proposed research method and made documentation of the report accessible to other researchers.

Confirmability is concerned with ensuring that the researcher acts in good faith; be apparent that he or she has not overtly allowed personal values to sway the code of the research and findings deriving from it (Bryman, 2016). To ensure confirmability of the study, the researcher worked hand in hand with the supervisor to ensure that the data derived from the field was reported as it was. There had not been any additions or subtractions from the facts found.

3.10 Chapter summary

This chapter entailed the research methodology, and procedures used to explore health and socio-economic challenges faced by elderly people in Makhoa village Lesotho. It outlined the researcher's philosophical underpinnings of the study, the research approach and design, the study site, population, sample and selection procedures, data collection and data analysis, reviewing ethical considerations, and concludes with considerations of trustworthiness of the research.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0 Introduction

This chapter presents findings on health and socio-economic challenges facing elderly people in rural communities of Lesotho, in Makhoa village Leribe. The first part of this chapter presents the demographic information of the study participants in tables and charts. It further goes on to present data using five main study objectives as themes, from which sub-themes emerged, and such themes have overviews and verbatim quotes of what study participants had to say about the study at hand. The analysis of the study based on the objectives and problem statement followed and then finally the chapter concluded with the summary of the presented study findings.

As discussed in chapter 3, data were collected using face-to-face interviews and focus group discussions (Braun and Clarke, 2013; Bryman, 2016). Face-to-face interviews were used with community members, the chief, the community councilor, Elderly care officer, Generic Social Worker, and Auxiliary Social Worker while focus group discussion was used with elderly people. Lesotho's most common vernacular, Sesotho was used during interviews with all participants, and transcription had been made afterward and translated into English. An interview guide (Laurie and Zimmermann, 2016) to guide the researcher during the process. The data took three days to complete as the appointments were made prior for all participants where the face-to-face interviews were completed in a period of two days while focus group discussion in one day. The interviews were conducted in the offices of the Ministry of Social Development Hlotse, Leribe for the officers and in the village at Makhoa in Leribe at the chief place. An audio recorder was used concurrently with field notes to record the data collected.

Reported data were collected using purposive sampling technique (Etikan, Musa and Alkassim, 2016) and convenient sampling techniques (Etikan et al, 2016), purposive sampling technique was used to select eleven elderly people, the chief, the community councilor, and government officials which consisted of Elderly care officer, Generic Social Worker, and Auxiliary Social Worker while convenient sampling technique was

used to select five community members who were willing to participate in the interviews.

Data analysis was achieved using thematic analysis (Braun and Clarke, 2012; Castleberry and Nolen, 2018). Data was first transcribed in Sesotho, the vernacular, and then translated into the English language where it passed through the six stages of thematic analysis as identified by (Braun and Clarke, 2012). In the first stage of analysis, which is data familiarization, field notes from individual interviews with community members, local authorities, and government officials, and recordings of focus group discussion from elderly people were transcribed and reread several times to comprehend the data fully. In the second stage of code formation, data was organized, and preliminary codes which reflected the data were developed, and the supervisors checked these. In the third stage of identifying themes, study objectives were used as themes, and preliminary sub-themes were identified, guided by the data and the chosen theoretical framework. The fourth stage of refining themes was characterized by the researcher sorting the themes, checking for repetitions, similarities, differences, and contradictions that emerged, and the supervisors and the researcher collaborated and refined the themes. In the fifth stage of defining and naming themes, major themes and minor sub-themes were named and defined. The final stage of thematic analysis, which is the reporting stage, was achieved in the next section, which entails reporting the findings and the discussion. The conceptual application of the Disengagement theory as a guiding theoretical framework for the study had been outlined before the conclusion.

4.1 Demographic Information

This part of the chapter provides both pictographic and discussions on the demographic information of the study participants; elderly people, community members, local authorities, and government officials. The study consisted of twenty-one participants from both Makhoa village and the Ministry of Social Development (MoSD) at Hlotse Leribe. Of the twenty-one participants, eleven were elderly people, five community members, two local authorities (the chief, and the community councilor), and three MoSD officers (Elderly Care officer, Generic Social Worker, and Auxiliary Social Worker). The gender presentation of the study is depicted in the pie charts, followed by the age representation of both elderly people and community

members. Table 4.1 indicates the gender, marital status, educational level, living patterns, occupation, number of children, and monthly income of elderly people.

4.1.1 Demographic characteristics of elderly people

Figure 4.1 shows the gender representation of the elderly people where there were ten females (91%) and one male elderly person (9%) who participated in the study during focus group discussion.
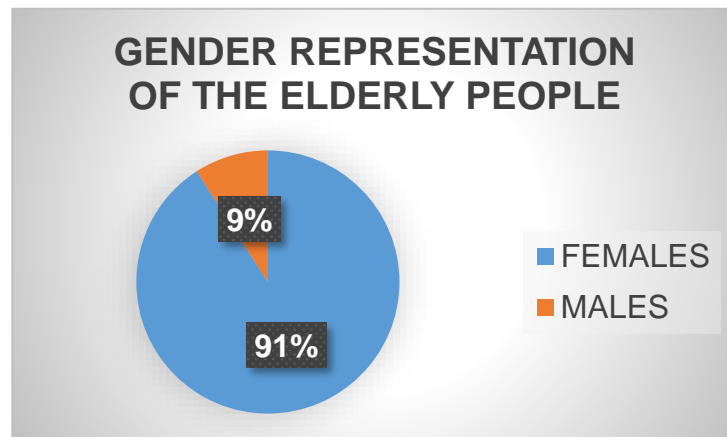
Figure 4.1 Gender representation of the elderly people

The gender, marital status, educational level, living patterns, occupation, number of children and monthly income of the elderly people had been elaborated in Table 4.1 below. Out of the eleven participants, ten were widowed and one married. They were all in the same educational level as they all indicated that their highest qualification was primary level and all of them were living in joint families. Their occupation was farming and agricultural labors. The majority of participants (four) had six children, three participants had five, one participant had four, one had two children and one participant had one child while the other had no children of their own. Nine participants had monthly income above R500 and the majoring were receiving the Old Age Pension while two participants had income below M500 per month and were not yet at the age of receiving the OAP.

Table 4.1 Illustration of elderly people's gender, marital status, educational level, occupation, number of children and monthly income.

Participant No	Gender	Marital Status	Educational level	Living pattern	Occupation	No. of children	Monthly income
1	F	Widowed	Primary	Joint family	Famer	1	R500 & above
2	F	Widowed	Primary	Joint family	Famer	2	R500 & above
3	M	Widowed	Primary	Joint family	Famer	5	R500 & above
4	F	Widowed	Primary	Joint family	Famer	0	R500 & above
5	F	Widowed	Primary	Joint family	Famer	5	R500 & above
6	F	Widowed	Primary	Joint family	Famer	6	R500 & above
7	F	Widowed	Primary	Joint family	Famer	6	R500 & above
8	F	Widowed	Primary	Joint family	Famer	6	R500 & above
9	F	Widowed	Primary	Joint family	Famer	5	R500 & above
10	F	Widowed	Primary	Joint family	Famer	6	R500 & below
11	F	Married	Primary	Joint family	Famer	4	R500 & below

4.1.2 Demographic characteristics of community members

Figure 2 shows the gender representation of community members; four males (80%) and one female (20%).

GENDER REPRESENTATION OF COMMUNITY MEMBERS

FEMALES 20%
MALES 80%
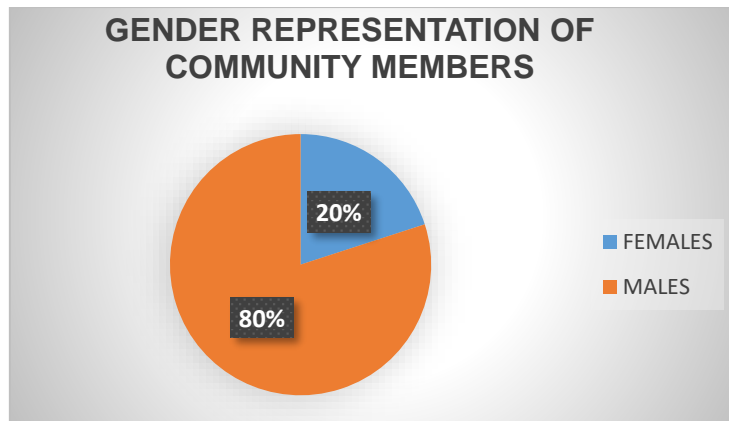
Figure 4.2 Gender representation of community members

4.1.3 Demographic characteristics of local authorities

Figure 4.3 shows the gender representation of local authorities who two males (100%) were being the chief and community councilor who participated in the study.

GENDER REPRESENTATION OF LOCAL AUTHORITIES

0%
100%
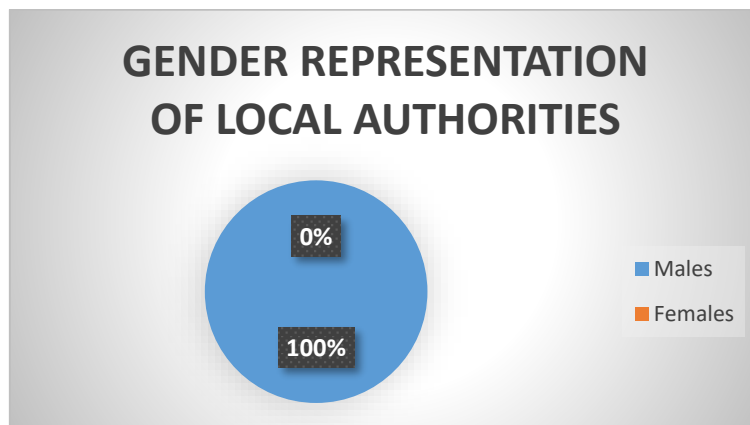
Males
Females

Figure 4.3 Gender representation of local authorities

4.1.4 Demographic characteristics of local authorities

Figure 4 shows the gender representation of government officials who were three females (100%) who participated in the study. They were the Elderly Care Officer, Generic Social Worker, and Auxiliary Social Worker.
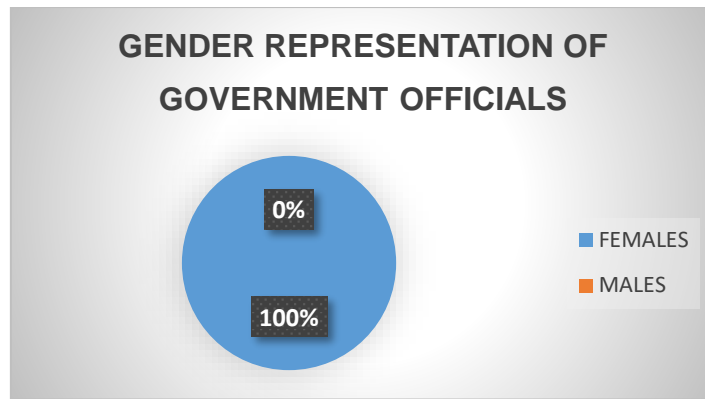
Figure 4.4 Gender representation of government officials

4.1.5 Participants' ages

Of the 16 study participants (the elderly people and community members), two of the elder people are aged 65-69 years and nine of them are aged 70 years and above. The age group of community members ranged from 30-34, 35-40, 41-44 respectively. Of the community members, three of them are aged 30-40 years, while two of them are aged 40-50 years. The Figure 4.5 below shows the age representation of the elderly people where those aged 65 to 69 years represented 18% while those aged 70 years and above constituted 82%. The age representation of the community members is also shown in the same figure whereby those aged 30 to 39 years constituted 40% and those aged 40 to 49 years constituted 60%.
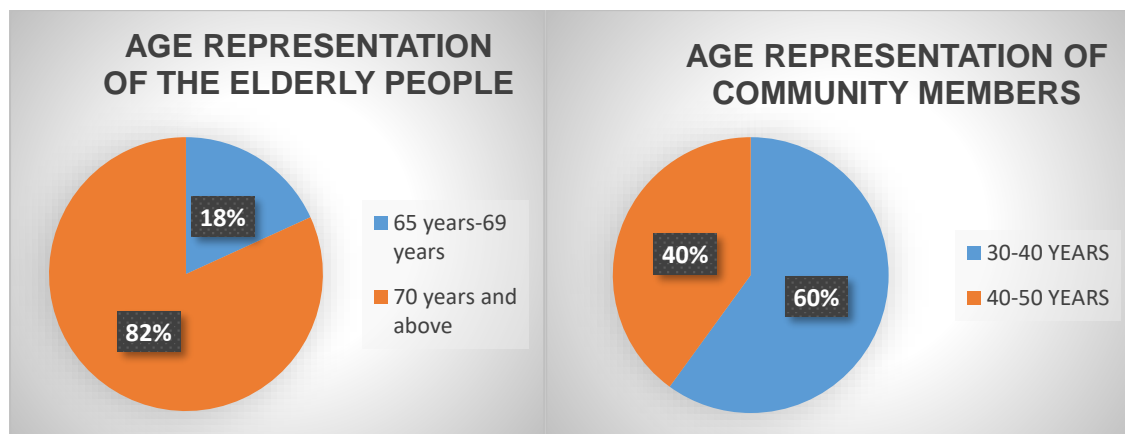
(a) Age of elderly people   (b) Age of community members

Figure 4.5 Age representation of elderly people and Community members

4.2 Findings

This section presents the identified themes and sub-themes that emerged during the process of analysis. Five themes emerged from the data, and have been guided by the study objectives, problem statement, and the chosen theoretical framework. The section gives an outline of the themes, major sub-themes, and minor sub-themes by providing verbatim quotations from the transcribed interviews.

4.2.1 Health challenges confronting elderly people at Makhoa village in Leribe.

The health challenges were investigated from the elderly people; males and females that confronted them and how they were affected by such challenges. Findings established that the physical and mental health of the elderly was highly compromised, health costs were very high especially for those with chronic illnesses, had illnesses common amongst elderly people, mobility limitations due to ageing, and HIV/AIDS and COVID-19 emerged as sub-themes. There were no positive health issues reported on the health aspect and only the negative was outlined.

4.2.1.1 Compromised physical and mental health, Addiction to drugs or alcohol, inappropriate dietary intake.

The elderly people were asked about their physical health problem experiences of which most of them referred to physical health problems such as having eyesight problems, arthritis, diabetes, and high blood pressure troubling them. They showed that their lives had been affected negatively due to the illnesses they suffered as they could not do things the way they used to. There were however no positive views on the sub-theme as all elderly people seemed to be affected:

> "*My life has been highly affected since I experienced eyesight problem. I always have to seek assistance from my grandchildren as I cannot see things clearly. This is a great challenge because sometimes the same children are at school and I have often stuck alone in the house.*" (Elderly person 1)

> "*My health is very difficult; it is very tiring. I barely have the energy to do anything. My joints and muscles are always painful and I have a lot of work to do during the day as I have a lot of orphans to care for*" (Elderly person 6)

"When my blood pressure is high, I found it difficult to even go to the toilet without help. I often fainted several times and had to be taken to hospital. This issue is actually making me think hard and wishes could better die in peace without causing my children much anxiety" (Elderly person 8)

"Due to my eyesight problem, I found it difficult to do some things, I only engage in lite house chores" (Elderly person 2)

There were also those that indicated that they suffered mentally due to the health problems they encounter. They stated that they were highly affected by stress and forget a lot where they put their valuables. As a result, they stipulated that they also had depression and anxiety.

"I sometimes get out of the house and forget where I was going. It is even worst as I sometimes go to the shop and come with the things I did not plan to buy". (Elderly person 1)

"I have depressive moods, I spend several nights without sleep worrying about my health and how my grandchildren will survive in my absence in case I die" (Elderly person 6)

"*My grandchildren are always arriving late at night in my house. This makes me be anxious as there are a lot of dangerous things happening lately at night in nearby villages. People are raped and some killed"* (Elderly person 9)

Some elderly people showed that they encountered sleep problems due to the stress they had caused by the burden of grandchildren they were caring for. They asserted that they stress a lot about their future and where their next meal would come from.

"*I have a lot of stress since my grandchildren depend on me. My children left to look for jobs in towns and never come back. I don't sleep at all at night. I worry about how I will meet the needs of my grandchildren"* (Elderly person 11)

"I don't rest during the day because I have to ensure that my family needs are met. I work hard and this caused me to have sleepless nights as I worry a lot about my life and those of the grandchildren I am taking care of" (Elderly person 7)

However, some of the elderly people had a view that mental health issues were highly feminine as they indicated that they affected females than males. They stated that a lot of women have Sesotho brewing businesses in the village and it is where they misuse alcohol and sniff a lot of tobacco trying to release stress.

"In most cases, women suffer a lot of psychological problems since they are the ones who always take the nursing roles in the families. HIV patients are often cared for by us. As a result, we also get infected and suffer a lot emotionally" (Elderly person 5)

"Women are highly affected by stress. In most cases, they will be smoking and drinking alcohol in shebeens where they brew Sesotho beer regularly saying that they are trying to reduce stress. The stressors in their lives include; caring for a lot of grandchildren and having multiple illnesses like high blood pressure, diabetes and HIV which require them to visit clinics and hospitals on monthly basis" (Elderly person 3)

4.2.1.2 Increase in Health Care Costs

The elderly people made comments that with their situation, health care costs seemed to be very high since they had to visit health care facilities on regular basis. They also outlined that the facility which is at nearby villages often runs out of medication and they had to travel to town to buy medication from the pharmacists at high costs.

"I go to the hospital once every month due to my health situation and since it is far in Hlotse town, I have to spend M58.00 for transport only and incurred some expenses for food. This is too much since I am not yet even getting pension money. I have to go around the village asking for some loan even my children did not send me money." (Elderly person 6)

"Our clinic is far from this village. The taxis that we use do not use the same route that we take to the clinic. This costs us a lot of money since when it is time for our check- ups, we had to hire a car that takes us to the clinic." (Elderly person 1)

"The kind of illness I have is costly since I had to eat the special food to fight its impact. I do not have enough resources and strength to plant my garden as I

do not have children. I always have to hire people in the village to assist me to plant my garden." (Elderly person 4)

"Even though the public clinic is free, it is far from us and it is always running short of medication. This caused us to travel to town to buy the prescribed medication which is often of high costs." (Elderly person 8)

One of the elderly people indicated that she did not have a problem accessing health care services as she was able to travel to the health care facility on foot and did not need any kind of assistance. This showed that there were those that were still traveling without incurring costs to access the health care services though it depended on one's condition.

"I always travel to the clinic without any problem, I don't need to be accompanied as I enjoy walking even when I do not have to go the clinic." (Elderly person 11)

4.2.1.3 Illnesses common amongst elderly people

When asked about the illnesses that they encounter, the elderly people seemed to share several illnesses. They reiterated that they all had at least one illness that required them to have monthly checkups and mostly seemed to have hypertension and forgetfulness.

"I have both high blood pressure and diabetes; I have to go for check-up on monthly basis." (Elderly person 11)

"Most of us go to the clinic on the same dates since we have high blood pressure." (Elderly person 7)

"I often forget and it is becoming a problem since sometimes I even forget what I am still holding in my hand." (Elderly person 8)

"I leave my home and forget where I was going to and these makes people think like I am a witch." (Elderly person 1)

4.2.1.4 Mobility limitation in elderly people.

The elderly people showed that they had a lot of problems in regard to their movement, especially for them to access essential services when asked whether they needed assistance while visiting the health care facilities. They indicated that all essential services were found in far areas and had to travel for hours on foot or pay for transport in order to access services.

"I have a great challenge to see my Doctor every month since I have to seek assistance from my children and if they do not come to drive me, I always have to hire a car since the health facility I use is hard to reach." (Elderly person 11)

"Even though there is a clinic in the nearby village, due to our ageing, it is very difficult to reach that place without being accompanied. We have to pass bushy areas and huge forests." (Elderly person 2)

"We sometimes even fear for our lives due to the forests that we walk in. We always have to hire a car that takes us to the clinic." (Elderly person 6)

"I always go with my grandchildren since I even have a hearing problem." (Elderly person 5)

There was one elderly person who said that she did not need assistance while visiting the clinic since she was able to travel on her own without encountering difficulties.

"As I said earlier, I am able to go to all services including health care facilities without a problem. I manage on my own and I am able to walk on foot to the clinic." (Elderly person 11)

When asked about how long they travel to get to the health facilities, the elderly people indicated that there were no health care facilities in their village and they had to travel for long hours to access the health services in the nearby village.

"We travel for about one hour or more to reach the health facility since they are no clinics in our village… In many cases, the clinics run short of the medication and I spend much money to travel to town to buy such medication in the pharmacies" (Elderly person 10)

"Access to health care services is a great challenge since if I don't have money to hire a car I can't access the services. This affects my health also as I

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sometimes default from the continuous medication that I take for diabetes." (Elderly person 3)

One of the elderly people indicated that she did not have a problem with traveling as she does not need to use a car to get to the clinic.

"I don't have a problem to access to services. I always walk myself to the clinic and access the services I need." (Elderly person 11)

4.2.1.5 HIV and AIDS and COVID-19

One of the sub themes which emerged during the discussion was the issue of HIV and COVID-19. The elderly people stated that since covid-19 had been given a priority, there seemed to be a lot of neglect to people living with HIV. There services that are provided seemed to be highly focused on COVID-19 than to ensure that people got healed from other illnesses.

"*I suffer a lot since my schedule to the clinic has been changed due to COVID-19. I used to join a trip and reduce transport costs to the clinic. However, since coronavirus took precedence, a lot of services had been affected, I now have to go alone."* (Elderly person 5)

"I sometimes feel like I am not treated well due to my status. My relatives who are taking care of me sometimes ignore my feelings stating that HIV is not an illness. This affects me emotionally as they often neglect me when I am sick." (Elderly person 7)

"There are a lot of donations in terms of food parcels made to the people in the name of coronavirus, but people who are HIV positive are not considered for food parcels or any donations." (Elderly person 4)

However, some elderly people showed that they got positive support from their children regardless of the situation they were faced with. They stated that they are always reminded to take their medication on time and they never got discriminated due to their status.

"My children do their best to take care of me. They always remind me to take my medication." (Elderly person 6)

"When I leave food on my plate, my family members are not afraid to eat it. This makes me feel that I am not discriminated." (Elderly person 7)

"I sometimes get stubborn when I am sick, my children never get tired of me. They continue to take care of me." (Elderly person 9)

4.2.2 Social challenges facing elderly people at Makhoa village Leribe

The social challenges were investigated from elderly people; males and females that threatened them and how they were affected by such challenges. Findings established that loneliness and social isolation, the burden of care for grandchildren, mistreatment and elderly abuse, loss of personal autonomy, social exclusion, and social experiences of ageing emerged as sub-themes.

4.2.2.1 Loneliness and social isolation, lack of resources to live in good houses

The elderly people indicated that they experienced loneliness, social isolation, and lack of resources to live in better homes. They stated that, since their partners died, they had lost their soul mates whom they used to share their problems. Some even opined that their age mates were few in the village hence they also felt lonely as many had died a long time ago.

> *"I am very lonely since I lost my husband, friends and my children. I sometimes feel like I could have someone I trust to share my problems with."* (Elderly person 8)

> *"My life is boring; I don't have someone to talk to. I am always surrounded by grandchildren who very young to understand my problems."* (Elderly person 4)

> *"All my children moved to town in search of work and some are in South Africa. I am left with their children who are very young and I always talk to myself about my problems… my grandchildren even have a feeling that I have lost my mind."* (Elderly person 6)

One elderly person said that she suffered a lot of social isolation due to her health condition. She indicated that her children forced her to stay at home and not attend any social activities as they felt that would expose her to more danger as she forgets a lot.

"My children often force me to stay at home due to my health situation, they fear that I might get lost as I sometimes forget a lot. This makes me be isolated from the people I like to meet. (Elderly person 2)

There were also some elderly people who showed that they did not suffer from either loneliness or social isolation since they were always around the people that supported them. They even indicated that they liked being around their grandchildren as they viewed them as their source of their joy.

"I don't feel lonely or isolated. I am a member of a society where I meet with people on weekly basis. I also stay with my children who always make me happy." (Elderly person 9)

"I enjoy the company of my grandchildren, they make me overcome the feeling of loneliness. I am never left alone at home." (Elderly person 3)

The living pattern of elderly people was very poor as the majority of them emphasized that was hard to have better houses due to the little income they receive. They showed that they lived in poor houses which were affected badly by changing weather. Some even indicated that when it rains, they ran short of blankets as the houses leaked a lot of water which affects their clothing and beds.

"My house is leaking and I don't have enough money to maintain it. When it's winter like now I enjoy since there will be little rain…let summer come! It will be a disaster." (Elderly person 10)

"I am living in shock since my house was once taken by the wind. I have not yet used good material to fix it due to lack of resources." (Elderly person 2)

"When the rain comes, I always wonder how bad my grandchildren will be affected. We always run out of blankets since the house roofing is like a sieve." (Elderly person 1)

"I live at my son's house because my house got destroyed a long time ago and I don't have money to build another one." (Elderly person 5)

For some elderly people, housing was not a problem as they indicated that they lived in good houses which they got support from their children. They showed that their issues with houses were no longer existing.

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"I have a good living environment and I get a lot of support from my children as they had even build me a nice house." (Elderly person 3)

"I used to suffer a lot but of recent my son assisted me to have a proper house. I really don't have problems anymore regarding housing." (Elderly person 6)

4.2.2.2 Burden of care for grandchildren and HIV and AIDS

For many elderly people, caring for grandchildren had been a great burden since they were poor financially and were unable to meet their household needs. They also stipulated that their quality time was highly compromised as they never had time to spend for their own development or leisure. This also caused them a lot of financial stress as they indicated that they sometimes had to make credits to cater to the needs of their grandchildren

"(signing deeply) … In my age it is very difficult to care for so many grandchildren whom their parents died without having even property to use for their maintenance." (Elderly person 1)

"I don't have kids of my own but I have been taking care of family relatives' children whom had been a great challenge since I had to use my Old Age Pension to pay for their school needs and I sometimes had to borrow money to pay for their fees." (Elderly person 4)

"HIV has affected my life negatively, there was a time when I had to bury my children within a short space of time. This has cost me to parent 8 orphans whom I feel highly burdened… I also don't know where their next meal will come from as I do not have enough income to sustain them." (Elderly person 9)

Two elderly people indicated that they did not feel a high burden of care as they had support from family members to care for their grandchildren. The other even stated that since her husband was still alive, they shared the responsibility of care.

"I won't lie; I don't have much burden since my relatives are supportive while it comes to the needs if these children…my husband also supports me a lot as he does a lot to ensure that my garden always has vegetables to feed the family" (Elderly person 11)

"*My other children always send money to support my grandchildren whom their parents died. I even don't know how much they pay for school fees as they are the ones paying.*" *(Elderly person 3)*

4.2.2.3 Mistreatment and elderly abuse

Mistreatment and elderly abuse emerged as a sub-theme when elderly people were asked about the kind of treatment they get from their family and community members. They indicated that sexual abuse, murder, manipulation, and labeling were some of the abuses that elderly people suffered.

"*One of the elderly people was sexually abused and killed within this village. She lived alone and the perpetrator is not yet known even to date.*" *(Elderly person 8)*

"*We join long queues we go to the services. The youth are not even afraid like us when saw elderly people in a taxi standing, we would stand for them to sit.*" *(Elderly person 6)*

"*I am not treated well at all by some of the community people. They often say I am a witch when I forget where my home is.*" *(Elderly person 1)*

"*My grandchildren take advantage of my forgetfulness, my money and claim that I forget where I put it.*" *(Elderly person 9)*

Some of the elderly people indicated that they had very positive experiences with their families and community as they always got support from them.

"*My children are very protective of me. They always check on me even by phone on daily basis to know how I am doing.*" *(Elderly person 3)*

"*My neighbors are very helpful, there is still the spirit of humanity unlike in other places.*" *(Elderly person 5)*

4.2.2.4 Loss of personal autonomy

The majority of elderly people showed that they had personal autonomy since they were included in decision-making. They indicated that they were considered while important decisions were made even if they were not directly affected by such

discussions. For some, were clear that nothing could be done without their involvement.

> *"I am considered as an important member in my family; a leader, no decision is made without my consent."* (Elderly person 3)

> *"When my children make decisions about my grandchildren who stay with me, they consider me and ask my views on the point at hand."* (Elderly person 6)

> *"I am asked for inputs when ceremonies are performed in my family."* (Elderly person 9)

> *"Nothing can be decided in my family without my consent."* (Elderly person 4)

However, there were few that indicated that they never got involved since their children thought that they did not have the ability to contribute to decision-making due to the ageing stereotypes that they were like children. They showed that they had lost all their personal autonomy since their children and family members did not involve them in decision-making.

> *"My children are disrespectful. They do things without my consent."* (Elderly person 5)

> *"I am not considered on important issues of the family even in those that affect me directly. My children old my cow without my approval."* (Elderly person 7)

4.2.2.5 Social exclusion

The elderly people indicated that since the introduction of technology their lives had changed from better to poor since they could not use cell phones like the way youth did. They stated that they only knew how to make calls and answer the phone when it rings and their grandchildren spend a lot of time on their gadgets which also affected their socialization as family members. They stated that they felt left out in many things as the youth consider them as out fashioned.

> "*Use of post offices is no longer an available service, we use cell phones which require airtime and to be charged always. My grandchildren often laugh at me when I ask for help to use the cell phone."* (Elderly person 7)

"People consider us as stupid when we do not understand the way some technologies are used." (Elderly person 10)

"(signing deeply) ... they cause destruction in the family. We no longer socialize. Children are focused on their gadgets and neglect us, even their responsibilities like school work, and household chores." (Elderly person 9)

"Due to lack of knowledge as we did not get higher education like the youth of today, we do not fully utilize technology hence we are still left behind." (Elderly person 11)

For one elderly person technology had made her life easier as she indicated that she was able to communicate with her children.

"It makes my life easier, I call my children who live far from me." (Elderly person 2)

4.2.2.6 Social experiences of Ageing in Lesotho

One of the sub-themes which emerged was on the experiences of ageing in Lesotho with the focus on Makhoa village. The majority of the elderly people showed bad experiences about their ageing. They compared their country with neighborhood South Africa and showed that they had a lot of challenges in trying to access essential services.

"It is very difficult to be an elderly person in Lesotho. We travel for long distances to access essential services. For instance, our police station and local court are at Pitseng which is also far from our village. When we have cases we struggle a lot to report them." (Elderly person 2)

"Transport services are just too poor in our village. I wish I did not build my family here." (Elderly person 1)

"In South Africa as we see on TVs, elderly people are build houses by their government. In Lesotho we stay in muddy houses and also have no one to assist with repairs and maintenance." (Elderly person 10)

"There is a lot of corruption surrounding Old Age Pension. Sometimes we do not get our money, sometimes we do. It is very stressful." (Elderly person 6)

Two of the elderly people had different views as they indicated that they had good experiences of ageing in Lesotho especially in their village. They showed that there was humanity in their village as people still assist one another as they encountered problems.

> *"There is still peace in the country and our neighbors always show humanity when we seek assistance." (Elderly person 8)*

> *"I love this place, the people here are helpful. They even join hands to assist very old people who can no longer be able to do things for themselves." (Elderly person 11)*

4.2.2.7 Poor elderly care

The elderly people agreed that they should be taken care of by the government, family, and community members. They pointed out that government ministers should be held responsible for their wellbeing as they were often shown good treatment during election moments. They also indicated that their care was very poor due to economic struggle and poor service delivery.

> *"I highly feel like the government misters are the ones responsible to care for us. Just as they do during elections where they come into the village to transport us to the polling stations." (Elderly person 8)*

> *"The government has to improve the infrastructure in this village and make sure that we access essential services easily." (Elderly person 10)*

For some indicated that their care and support were a great challenge since they were by themselves or family members who also struggle a lot financially. They indicated that much of the support was from their families which were grounded with unemployment and poverty.

> *"My family members always ensure that I am taken care of. They remind me of my medication... however, due to lack of financial resources, my family suffers a lot since they had to ensure that I visit the doctor in town every month" (Elderly person 3)*

> *"Our families are our pillars… but the fact is they are not equipped with knowledge on how to care for elderly people like the village health workers who*

are trained into caring for the sick. Old age is a serious illness since many of us suffer a lot of chronic illnesses which family members do not understand." (Elderly person 6)

There were also those that indicated that the community leaders should be responsible for their care especially by ensuring that they were protected.

"Community leaders should be responsible for our protection. They are the ones who have powers to prevent crime in the village." (Elderly person 1)

4.2.3 Economic challenges facing elderly people at Makhoa village Leribe

The economic challenges were investigated from elderly people; males and females that confronted them and how they were affected by such challenges. Findings established that reduced income, economic exploitation, poverty and high cost of living, and economic insecurity emerged as the sub-themes for the participants' views.

4.2.3.1 Reduced income

The elderly people indicated that their financial status was poor due to the high unemployment rate and the fact that elderly people do not get paying jobs.

"As I said before, I always look after my grandchildren who are orphaned, I don't have any other source of income besides my Old Age Pension which is also too little to sustain me."

"My children are jobless; I have to take of them too. This affects my little finances negatively since I can't give a priority to my needs."

"M750 Old Age Pension is too little to sustain us. We do not have other sources of income. We rely solely on it."

Some elderly people stated that the little income that they have affects their health and well-being since they could not access the services they require and have a proper diet.

"Due to poor financial resources, I can't even access quality health care services since I always miss appointments when I don't have money for transport and consultation."

"I would have proper dietary intake and good health if my financial status was stable."

"I always stress, I worry about my children and grandchildren as they are looking upon me and I don't have enough to sustain them…this caused me a lot of depression."

4.2.3.2 Economic exploitation

The elderly people presented that due to their ageing which also puts them at an advantage of receiving Old Age Pension, they suffer a lot of exploitation from their children since they live them with grandchildren to look after. They also indicated that hawkers force them to make credits during a payday and insist that they would pay on their next pay.

"My children left the village to look for a job in South Africa. Since they left they never call me or send us money to maintain the children…I suffer alone and they are always using my pension money."

"As I indicated earlier, I forget a lot. My children take advantage of my situation and steal my money."

"I send my grandchildren to receive my pension due to the fact that I can't walk long distances. They are the ones who always table their needs and use my money even when I don't want."

Some of the elderly people showed that they got exploited by the hawkers who force them to make credits on goods they sell.

"I always have a credit to pay during my payday. There are people who sell food and other household utensils during the day we receive our money. They always have their way of making us take their goods and pay on our next pay."

"Those hawkers make us have even more financial problems because there was a time when I had to give away my half of the money to them."

However, there were some who indicated that they did not experience any form of financial exploitation

"No one tells me what to do with my money. I decide what I do with it"

"I decide who I help with my money."

4.2.3.3 Poverty

The elderly people showed that the cost of living is very high and since they had been highly struck by poverty, they found it very difficult to meet their basic daily needs and those of their family members.

"I come from a very poor family. We always beg for food since our income does not cover us for a month."

"I always go for my next pay with a lot of credits to pay due to poverty that has struck my family... the grandchildren I care for have a lot of needs and the money I receive is just too little to cater for all of them."

"I am always having multiple illnesses. My money is spent on my health needs and suffer a lot on my other basic needs like food... when my child was working in the mines it was easier since he used to support me and I never suffered financially"

"Everything is just too expensive; we have a lot of needs with very little income as I care for many orphaned children."

4.2.3.4 Economic insecurity

The elderly people showed that they were experiencing huge economic insecurity since they did not have several pools of income as they relied either on Old Age Pension fund or remittances from their children which were also not reliable.

"I don't have different sources of income; I rely on Old Age Pension only as I said before… in the previous year money was not an issue as I used to produce a lot of crops, lately production is very poor since I no longer have money to buy fertilizers and pay for people who remove weeds in the field. The crops die since I no longer give them much care due to my health and inability to hire people who will"

"I have a lot of dependents and I am not earning any income rather than relying on my children who sometimes provide me with income."

"We have been affected by COVID-19, I used to sell food at school, and now that schools run on a scheduled basis, I no longer manage to make enough profits to sustain my family."

"My children n who used to support me lost their jobs due to COVID-19 and I now only receive Old Age Pension which I also use to support my children and grandchildren."

"I don't have savings since everything that I earn I spent it on food... I no longer produce well in the fields as I even gave away the fields to one of the prominent people in the nearby villages to use them. I wait to receive the little that he gives me after harvest and I appreciate it since I would have not planted them either. I only practice farming in my garden where I produce vegetables"

4.2.4 Attitudes of the community towards elderly people at Makhoa village Leribe

The attitudes of the community were investigated from five community members; males and females that they had towards elderly people. Findings established that loss of respect, ageism stereotypes, discrimination, and witch-hunt emerged as the sub-themes for the participants' views.

4.2.4.1 Loss of respect

The community members showed that there were few instances where elderly people were not respected and often such as shown by the youth as they considered them as old fashioned in the way they do things.

"There is loss of respect towards them especial by the youth in this village. They are no longer considered the source of wisdom… For example, they are often saying these people are old and do not make sense of what they are saying." (Community member *5)*

The majority of the community members indicated that elderly people were respected in their village. They indicated that people show support to those that were very needy and could no longer do certain house chores by themselves and some disclosed that they were raised by elderly people hence they respected them as they had experienced.

*"Elderly people are highly respected in this village. There is a lot of support shown towards them. In some cases, the community makes joint efforts to assist those that cannot do things by themselves as they did recently with a 90-year-old woman whom they cleaned her house and surroundings." (*Community member *1)*

*"I was raised by my grandmother and I fully understand and appreciate elderly people." (*Community member *4)*

*"I respect elderly people because growing up I was taught that I should respect my elders." (*Community member *3)*

*"I am very respectful towards them. The way I talk to them differs from when I talk to my age mates." (*Community member *2)*

4.2.4.2 Ageism stereotypes

The community members showed that when they view elderly people they saw people who were like children, prone to discrimination and neglect, and are ill-treated. They even indicated that elderly people were sanctioned from public meetings and were poorly cared for.

*"I see elderly people as children. In most cases they are surrounded by children and they play with them… they are incapable of doing responsive work" (*Community member 1*)*

*"The community has high negligence towards ageing people. They often forget that they are also people with views…When there are public gatherings, elderly people are often ignored or left out to get their opinions on issues that concern community development." (*Community member *3)*

*"Elderly people are normally not cared for due to their physical appearance, the way they do things, and speak and they are often not allowed to participant in social activities. In some instances, they are called witches." (*Community member *5)*

Some of the community members showed that ageing signals a time of respect, leadership and help to the young generation and acknowledged that elderly people provide guidance in difficult situations.

"They are the pillars of the community as we learn a lot from them and provide us with guidance on things that we do not understand." (Community member 2)

"They are very helpful people. I was raised by an elderly person and I know from my experience how grateful I was…In most cases they stay within extended families, they are never left alone." (Community member 4)

4.2.4.3 Discrimination

The community members stated that elderly people were one of the populations that are highly discriminated against in many ways. They indicated that they were left alone at home during ceremonies in their community, their rights were compromised and they were not allowed to engage in household cooking chores since they were viewed as dirty people.

"Elderly people are often left alone at home when there are some ceremonies in the village because they do not look good as in most cases they are not assisted to bath." (Community member 1)

"Their rights are compromised in this village. They are not considered during fato-fato where a lot of community members are hired. In most cases, when they sell their property, their children feel like they are entitled to such sales." (Community member 2)

"Elderly people should not cook at all because they are untidy and lack self-hygiene… they should also not be included in community projects since their views are old-fashioned and they will take the community back." (Community member 3)

"They are highly discriminated though it is not planned. They have a different interest as us and the majority of what they like is what we see as old fashioned… Since they are viewed as children, they are also excluded even when their fields are sold or hired to those that want to use them like now in the village, many fields are hired and a lot of clashes arouse form elderly people who were never involved in decision making." (Community member 5)

One community member indicated that it was not a right thing to exclude elderly people from decision making since they are experienced and knowledgeable people.

"They have experience and knowledge. It is not right to exclude them in decision making processes." (Community member 4)

4.2.4.4 Witch-haunt

The community members showed that elderly people were considered witches due to the weird things that they did and said. They indicated that women were at most vulnerable to being labeled witches and actions were never taken to address their situation in their area.

"Elderly people behave in some weird way and the first thing that people think is that they are witches." (Community member 2)

"Yes, some elderly people are witches. One of them asked me about my wife who died a long time ago about her whereabouts." (Community member 1)

"It is very common to call the witches and women are often the victims as they are the ones who are called witches… unfortunately, there are never actions taken against people who call elderly people witches." (Community member 5)

One community member showed that it was not true that elderly people were considered witches since many suffered due to poverty and mental illnesses which in turn caused them to do things that made people had such thoughts.

"Elderly people are not witches. They are poor in most situations and some have some mental illnesses which cause them to respond in an abnormal way as per what the community expected." (Community member 4)

4.2.5 Systems and policy in place for elderly people

Interviews made with the chief, community councilor, Elderly Care officer, Generic Social Worker, and Auxiliary social worker revealed that there are systems and policies in place for elderly people at the national level. The national policies, public assistance, and Old Age Pension, programs offered by the elderly department, and elderly care facilities merged as sub-themes.

4.2.5.1 National Policies

The participants from the Ministry of Social Development; government officials indicated that there is a Lesotho Policy for older persons adopted in 2014 which tried to protect the rights of elderly people. They disclosed that they were not responsible for Old Age Pension as it was administered solely under the Ministry of Finance and nothing much could be said about it.

> *"There is Lesotho Policy for older persons which I am not very familiar with. But is meant to protect the rights of elderly people. There is also Old Age Pension which is under the ministry of finance that caters for the economic needs of elderly people aged 70 and above since they are provided with monthly income of M750."* (Elderly Care officer)

> *"We have Lesotho Policy for older persons which was adopted in 2014 and it covers elderly people from the age of 60 and above. The policy is used as a guide for the protection of the rights of elderly people…However, knowledge about the policies is very little as the is only one person in charge of the elderly services and when such a person is not around, it means a lot of things would not be known like now that the transfers had been made recently and the department is being provided with a new person"* (Generic Social Worker)

The chief and community councilor indicated that they were aware of the policies in place for elderly people like Old Age Pension but they did not have any policies to protect the rights of elderly people in the village.

> *"Even though there is Old Age Pension which covers elderly people aged 70 years and above, there is no policy that we use to care for the needs of elderly in our community."* (The chief)

> *"The policies are at national level; we have not decentralized it to the community level."* (The community counselor)

4.2.5.2 Public assistance and Old Age Pension

The participants stated that the MoSD had public assistance which was provided to elderly people aged 60 to 69 years. The assistance was provided in cash and in kind for those eligible. The in-kind assistance included providing them with assistive

devices like hearing aids, wheelchairs, pampers, and medical exceptions. They stated that Old Age Pension was administered by the Ministry of Finance, and the role of MoSD was only to create awareness to the community about the availability of such services and oversee that the rights of elderly people were respected during the payday.

> *"Old Age Pension is not administered under my ministry. It is the role of Ministry of Finance as they are the ones who register eligible elderly…The transition is then to be made as it had been discussed between the two ministries if things will go as planned that may be in August this year the pension will be under the MoSD. In the ministry, we only offer public assistance in kind and in cash for elderly aged 60 to 69 years."* (Elderly Care Officer)

> *"Sometimes the elderly did not receive their Old Age Pension even if they are eligible…the sad thing is that there will be no clear explanation from the responsible ministry... The role of the ministry is to ensure that elderly people's rights are respected on that day of payment. For instance, we ensure that those who arrived earlier got served first an all that qualify received that money."* (Auxiliary Social Worker)

The Auxiliary Social worker and the Generic Social Worker indicated that there were limitations to provide public assistance to the elderly as most of the services were found in town and the ministry was understaffed. The Auxiliary Social worker indicated that in rural community people lack financial resources to access services in time.

> *"It is challenging for the elderly to access social assistance. Most of the services that are done as preliminary assessments are done in town. For instance, if they want to medical exception, they have to visit hospitals which are all in town. They do not have transport money to visit hospitals. Even if they managed to visit the hospitals, it takes longer for their applications to be answered."* (Auxiliary Social worker)

> *"The ministry is understaffed and it takes a lot of time to access applications of elderly that needed social assistance."* (Generic Social Worker)

4.2.5.3 Elderly care facilities

The officers indicated that there were no elderly care facilities owned by the government of Lesotho. They only had a memorandum of understanding with the existing elderly care facilities which were owned mostly by the Catholic church and other individuals. They disclosed that the ministry supported such facilities with subvention to cover some of their expenses.

> *"There is no care facility or elderly care facility owned by the government. However, there some collaboration with some of the elderly care facilities in the country and the ministry supports such homes through the memorandum of understanding signed by both the ministry and care facilities."* (Elderly Care Officer)

> *"Registered elderly care facilities get subvention from the ministry and there are follow-ups made in form of spot checks to such homes to assess the kind of services provided to the elderly… However, the very same elderly care facilities do not have qualified psychologists or professionals to provide psychosocial support services. They are also staffed with laypersons as the subversion that the ministry provides does not cater to all their needs. This also puts the lives of the elderly in such homes at risk as they may not be receiving appropriate care per their needs."* (Generic Social Worker)

The officers indicated that some of the challenges encountered to provide services to elderly people included understaffed in the ministry, none availability of care facilities owned by the ministry, and lack of skilled staff to work with the elderly.

> *"Like I said earlier there are no government owned elderly care facilities and this limits us to place those who are in dire need for care. There are also terms put in place by the owners of the facilities which sometimes makes it difficult to place some of the elderly... however, the family is expected to take a preliminary role in care for elderly people"* (Elderly Care Officer)

> *"We are highly understaffed department and there are no specialists who are trained on issues of elderly people. This makes it difficult to provide them with quality services."* (Generic Social Worker)

4.2.5.4 Local structures for elderly

The chief and community councillor showed that there were no local structures aimed at protecting the rights and addressing the needs of elderly people at Makhoa village. They both indicated that the existing structures included community policing which covered all people especially with the focus on theft and abuse and an elderly care facility owned by an individual in a nearby village.

> *"There are no structures developed to protect elderly people in the community. There is one elderly care facility that is owned by an individual and we are aware of the criteria for one to be assisted in that place... However, there is none of the elderly from this village who was placed in that care facility since all still have people to look after."* (The chief)

> *"We only attend to issues of elderly people when they arise. There are no designed structures to address the issues that affect them… this is a great gap and I see the need to sensitize the council to do something on it."* (The community councilor)

The Elderly care officer indicated that they were aware that there were very few Non-governmental organizations (NGOs) that worked directly with elderly people in the country like Help Lesotho and Maseru Women Senior Citizens Association. However, the ministry did not support any of such initiatives financially.

> "*There are NGOs like Help Lesotho which work directly with the elderly. The ministry does not support it with funding. We only attend their activities when they had invited us ... Even Maseru Senior Citizens Association I don't remember any assistance they get from the Ministry. We also collaborate in some functions or activities that require elderly people."* (Elderly Care Officer)

4.2.5.5 Family role in care for elderly people

For all study participants, family was seen as the pillar of support for elderly people. The community members stated that families were the ones who stay with elderly people to ensure that they were protection. The chief and community counselor indicated that families play a pivotal role in care of elderly people. The government officials indicated that elderly care facilities were the last resort for elderly people as they were expected to be cared for by their families and relatives.

"Families play a pivotal role in caring for elderly people as majority stay with their families." (The chief)

"There are few instances where elderly people are abandoned…in most cases they are staying with their children or grandchildren. Actually families are playing an important role to ensure that they are cared for." (The community councillor)

"… the family is expected to take a preliminary role in care for elderly people. However, there is a need to equip the family with financial skills as the majority of families fail to prove quality care to the elderly due to lack or unavailability of financial resources." (Elderly Care Officer)

4.2.5.6 Programs offered by the elderly department

The MoSD had the elderly department which provided services to the elderly people. The officers indicated that there were very few programs that were targeted to the elderly people and the majority of the department work was based on referrals to other service providers like linking them to the old age care facilities where there was a need for shelter. There also conducted awareness campaigns which they held in collaboration with police officers and nutritionists in communities to educate the public about the rights of elderly people and how to care for them properly preserving their rights and dignity.

> *"My main work in the department is to link elderly people who needed care to elderly care facility. There are no specific programs that we run continuously to address the needs of elderly people. We also have periodic campaigns which are held in communities to create awareness of the rights and care of elderly people. We collaborate with nutritionists to talk to the elderly about their diet and police officers to educate the community on the rights and protection of elderly people."* (Elderly Care Officer)

The Generic Social Worker indicated that the available program in the department was new as it was only introduced in the year 2020 through the influence of NGOs which provided services within the communities and saw the need that elderly people were faced with.

> *"We provide counseling services to the elderly based on need. There is also a social club program that was established in 2020. Elderly people are grouped*

in their villages and taught about income generation and form saving groups to save and borrow money on weekly basis. The clubs are monitored by the Auxiliary Social workers in the community councils… There is also a strong collaboration with Help Lesotho when providing health-related information to the elderly." (Generic Social Worker)

The officers also indicated that involvement of the elderly people during the formulation of programs and policies was partially done as it was only those in towns who got involved. The rural areas were never visited and in most cases, they turned to become just consumers of the programs which they did not know about.

"I am not sure whether they got involved during the formulation of the programs. But they have a saying that says there is nothing for them without them. For the Social club, they were involved as we did a lot of consultations within the communities." (Generic Social Worker)

"No they are not involved. But in Maseru the Maseru Women Senior Citizens Association *got consulted in a lot of issues that affect old age."* (Elderly Care Officer)

4.3 Chapter summary

This chapter presented the findings on health and socio-economic challenges faced by elderly people in rural Makhoa village Leribe, Lesotho. The demographic profile of all participants had been presented together with the major five themes of the study including direct quotes from the transcripts. Theme one found out health challenges confronting elderly people at Makhoa village in Leribe. Findings established that elderly people encountered physical and mental health issues due to the burden of care for orphans and vulnerable children, poor diet, and stress due to inability to meet family needs. It was discovered that participants shared common illnesses which were also caused by other life challenges. It was also established that increased health care costs affected the participants due to little income and multiple illnesses that the elderly people were faced with. The study also disclosed that mobility limitation affected the elderly people due to the geographical location of their area and health situation. It was established that elderly people were affected by HIV and Covid-19 which had put

them at disadvantaged since much priority had been based on Covid-19 and their children lost jobs which were their source of support.

Theme two established social challenges facing elderly people at Makhoa village in Leribe. The findings established that elderly people experienced mistreatment and elderly abuse resulting from their inability to remember things and none respecting youth in the community. The study found out that the burden of care for orphans and vulnerable children was a great challenge to elderly people due to their children who moved to towns and South Africa in search of employment and some never returned home. Loss of personal autonomy was reported as the result of disrespectful family members. It was established that elderly people were also prone to social exclusion resulting from the use of technology and the closure of post offices which were user-friendly to them. The findings revealed that social experiences of elderly people were more negative due to poor infrastructure and poor service delivery. It was established that elderly people experienced loneliness and social isolation as a result of loss of life partners, overprotection by children and being left with grandchildren all the time.

Theme three explored the economic challenges faced by elderly people at Makhoa village in Leribe. The findings showed that reduced income, high cost of living, and poverty affected elderly people's quality of life. This was resulting from reliance on Old Age Pension which was also defined as too little to meet all needs and regular health check-ups that consume a lot of their money. The study also established that elderly people were faced with economic insecurity since they did not have more than one source of income and the majority of them earned income through receipt of OAP. They were also affected by economic exploitation from their children who left them with a lot of grandchildren to care for and those were even controlling the use of their income.

Theme four investigated the attitudes of community towards elderly people at Makhoa village in Leribe. Findings revealed that ageism stereotypes like referring to elderly as children were dominating due to the fact that they spend a lot of time with children and their behavior was also like those of children. The results showed that elderly people experienced discrimination from the community due to their ageing which influenced many to think that their views were useless. The study showed that society held strong negative attitudes towards elderly people due to their appearance which made them

think that it was right to exclude elderly people from household chores, decision making, and ceremonies where all the public attend. The findings also disclosed that community members had a belief that elderly people were witches especially those that said weird things like enquiring about deceased people in the community and women were highly victimized.

Theme five investigated systems and policies in place for elderly people in Lesotho. Findings established that there was a national policy which protected the rights of elderly people; Lesotho policy for old age persons 2014. The policy was not well known by the officers as they indicated that they just knew about its existence though they never had full inside of it. It was also found out that the policy covered elderly people from the age of 60 years and above. The local authorities opined that they were aware of only Old Age Pension not the Lesotho Policy for Older Persons and did not have any policies at the community level to protect the rights of elderly people. It was discovered that PA was administered by the MoSD for elderly people aged 60 to 69 years only while OAP by the Ministry of Finance for elderly aged 70 years and above. The findings revealed that both PA and OAP were meant to address the economic needs and to some extent the other needs like medical expenses, assistive devices, and food packages as in-kind assistance offered. The study established that there were very few programs run by the ministry for elderly people like awareness campaigns and social club which were run throughout. The study also found out that there were no government owned elderly people's homes but the ministry provided subvention to those that were registered. It was established that at community level, there were no local structures in place to address the needs of elderly people. The family was upheld as the pillar for support role for elderly people as all belonged to families.

The demographic information of elderly people seemed to be similar as all had the same educational level, living pattern, marital status, occupation and income. It was also discovered that none of them was employed and relied on farming for a living. The impact caused by level of education and income was negative as many suffered financial, emotionally, physically and psychologically as they could not meet their basic needs. It was also established that community members had negative attitudes towards elderly people and none of the legal actions were taken to address such issues. The study discovered that there were policies in place to protect the rights of

elderly people which were not known fully by the MoSD staff and none availability of local structures to protect the rights of elderly people. The study therefore, revealed a need for further interventions to address the challenges faced by elderly people at Makhoa village in Leribe as most of them suffered health-wise, socially, and economically. The study also raised alarms to the department of elderly as they saw a need for improvement in programing and familiarizing themselves with the existing documents like policies to guide their implementation. Attention to act was also raised in community where the authorities saw a need to create structured aimed at addressing elderly people's needs.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

5.0 Introduction

The goal of this study was to explore health and socio-economic challenges faced by elderly people in rural communities of Lesotho at Makhoa village in Leribe. This chapter provides a discussion and interpretation of the findings presented in the previous chapter in relation with the reviewed literature and theoretical framework used for the study. The findings, which were analyzed using thematic analysis, revealed five main themes, of which all of them revealed further sub-themes. Challenges encountered while conducting the study are also given, and these are followed by conclusions drawn from the findings and recommendations of the interventions to address the identified challenges facing elderly people at Makhoa village in Leribe.

5.1 Discussion and interpretation of findings

This segment provides a discussion and interpretation of the identified themes and sub-themes, using the same pattern with findings presented in chapter four. The themes are health challenges confronting elderly people at Makhoa village in Leribe, social challenges facing elderly people at Makhoa village in Leribe, economic challenges facing elderly people at Makhoa village in Leribe, attitudes of community towards elderly people at Makhoa village in Leribe, and systems and policies in place for elderly people in Lesotho. The interpretation of findings based on the existing literature and theoretical framework will be applied during the discussion and interpretation.

5.1.1 Health challenges confronting elderly people at Makhoa village in Leribe

Ageing is associated with chronic health problems and mostly in Africa, these ageing population occurs in widespread poverty, changing household structures and inadequate health systems which makes it even more difficult for the old to easily access adequate health care (Powell and Chen, 2013). Similarly, the findings on health challenges confronting elderly people revealed that elderly people at Makhoa village in Leribe were affected with multiple chronic health issues, poor health care

services and difficulty to access health services. This was consistent with Vijayanchali and Grandhi (2012), showed that elderly people suffered multiple chronic illnesses and majority of them seek help while visiting the physicians. Elderly people's views on their experiences of health problems were that they were affected by compromised physical health, compromised mental health, common chronic illnesses amongst elderly, increased health care costs, mobility limitation, and HIV and AIDS and COVID-19. Solanki et al (2019) further indicated that there is a link between the high prevalence of the chronic disease, disability with ageing. Greene (2017) showed that, the functional well-being of persons aged 65 and above is relative since they have rising acute and disabling illnesses which tend to sharply appear in later years.

5.1.1.1 Compromised physical and mental health, Addiction to drugs or alcohol, inappropriate dietary intake.

Most elderly people in the study reported that they experienced chronic physical health problems like arthritis, diabetes, high blood pressure, painful joints, muscles, and eyesight problem due to their ageing. This was consistent with Prince et al (2014), who reported that chronic diseases are strongly linked to population ageing since disorders in strong age will increase in prevalence in parallel with absolute and relative numbers for elderly people aged 60 and above. Similarly, the findings affirmed those of Vijayanchali and Grandhi (2012) who revealed that 83% of the elderly in their study during health analysis showed that they were suffering at least one health problem and amongst them were asthma, diabetes, blood pressure, and the aching body was the most prevailing problem.

The elderly people indicated that due to their chronic health problems, their quality of life had been highly affected as they had to seek help while doing some activities like visiting the health care facilities and using a bathroom. This correlates with the study conducted by Vijayanchali and Grandhi (2012) who reported that the majority of elderly in their study, 69% seek help while visiting the physicians while the rest were managing by themselves due to their health problems.

The majority of elderly who reported to face the mental health-related problems were women and they had a problem of forgetfulness, depression, sleep problem, and stress. According to Hao et al (2017), their study indicated that the prevalence of both perceived depression and loss of interest was considerably high amongst the

participants. The crude percentage reporting depression was almost four times higher for women than their male counterparts. This implies that, apart from the fact that population ageing facing depression as a health challenge, women are more at stake than men. The elderly also stated that due to exposure to a lot of stress they opted for smoking trying to reduce their stress and that created more health problems. This corresponded with Turkson and Maphepha (2019) where they reported that factors that contributed to poor health status in elderly people were viewed as among other things, tobacco consumption.

The fact that elderly people's health was highly compromised due to their chronic health issues, they were also at the stake of being abused since they forgot where they put their valuable things. They were often stripped of their autonomy to make decisions and their money stolen by their family members who capitalized on their situation. This also contributed a lot to their stress as they would have constant arguments trying to explain where their money was.

With this, it means that correct policies and measures can be put in place to provide elderly people with forgetfulness or dementia better quality of life and those around them with education on how to care for such elderly people. More knowledge created on physical and mental health issues affecting elderly people would also assist people to react positively towards them without putting more pressure and mistrust on them.

5.1.1.2 Illnesses common amongst elderly people

According to Solanki et al (2019), the most common illnesses among elderly people in South Africa include cancer, diabetes, hypertension, and mental health conditions. Similarly, the study revealed that majority of elderly people suffered arthritis, diabetes, high blood pressure, painful joints and muscles, and eyesight problem. This was supported by previous studies undertaken that showed that elderly people share common illnesses. In the present study, all elderly people indicated to have suffered from one or two illnesses and they were all from the same rural village. This was consistent with Greene (2017) indicating that elderly people have rising acute and disabling illnesses which tend to sharply appear in later years and rural areas have an incommensurate amount of elderly people. Similarly, Sinclair et al (2017) revealed that among other illnesses that caused elderly people to regularly visit the clinic was

diabetes and it is one of the common illnesses that attack elderly people than any other ethnic group.

The common illnesses that elderly people had caused them to visit health care facilities on regular basis. This also affected their financial ability as they all reported that they were unemployed and received money from Old Age Pension and remittances from their children. The money they received was also not enough to sustain them. In addition, their welfare was affected as they showed that they would leave their families and forget where they were going. This puts them at more risk as they would even be injured by the public or other criminals taking advantage of their situation.

The study revealed that there was a need for further education to both the public and families about elderly illnesses. This would assist to create awareness on the alarming behavior that elderly people would be doing due to the illnesses that they suffered and advocate for support of their rights in those situations.

5.1.1.3 Increased health care cost

For all elderly people, the health costs were reported to be very high as they had to visit health care facilities on monthly basis due to chronic illnesses. The findings were supported by Prince et al (2014) who revealed that treating chronic illnesses among elderly people has been proven to be financially straining as there is at times a need for hospitalization and essential care due to multimorbidity. Similarly, Aboderine and Beard (2015) orated that representative surveys of elderly people's health revealed that high rates of hypertension, visual impairment, functional limitations, and depression seemed to be flooding the population ageing and the cost of maintaining these illnesses is very high due to regular check-ups that the old aged had to make. This was found in the current study where elderly people indicated that they sometimes missed check-ups due to lack of funds to pay for transport or the services themselves.

The findings found out that regardless of the free health care services from the local health care facility, medication was always running short and this affected them in a negative way as they had to travel to town to buy prescribed medication from the pharmacists. The similar issues were found from the study conducted by Douglass

(2016) that the health of elderly people was exacerbated by the chronic burden of disease including HIV, cardiovascular conditions, diabetes, and some cancers which are managed over time by prescribed drugs. The drugs are not the cure but just effective control with benefit to the pharmaceutical industries as they gain lucrative market over time and leave the elderly people with no choice but dependency on them. The study found that many elderly people were highly dependent on the medication as they even indicated that they could not function well without it.

The results established that transport was a problem for elderly people to access health care services as the local health care facility was hard to reach due to its location coupled with the ageing illness. This was substantiated by the report that showed that rural populations have less access to services and economic activities and their situation may be aggravated further when combined with poorer socio-economic conditions. This puts rural populations at disadvantage compared to urban ones and can be particularly problematic for elderly people who face health care deficits as a result of the place in which they live (UNECE Policy Brief on Aging, 2017). The geographical location of the health care facility costs elderly people more money to access the services as they had to hire cars in order to reach to the health care facility since there were no taxis that took the route that leads to the health care facility from their village due to poor infrastructure and they sometimes returned home without receiving appropriate services due to unavailability of medication.

The demographic information of the elderly people showed that majority (82%) received Old Age Pension but suffered the same way those that did not receive it as they all stated that they were having financial difficulty in paying for their health care services. The findings had been similar with those of Dhemba and Dhemba (2015) which showed that elderly people aged 65 to 69 in Lesotho have difficulties in paying for their health care as even those with the pension still experience them due to shortage of human resources in the public clinics, drugs, and skilled staff.

The results showed that elderly people were experiencing hardships in terms of the cost of maintaining their health. This calls for subsidies on health care services that are very costly like chronic illnesses. People with diabetes travel for long distances to access services as there were no adequate services in their area. In sufficient or absence of medication also caused elderly people to travel to township areas with high

costs of transport to buy medication from the pharmacists. This also signals a need to upgrade service provision and ensure that the health care facility is equipped with all needed medication and staff to address the health needs of elderly people.

5.1.1.4 Mobility limitation in elderly people (geographical distances, less developed transport services.

The findings showed that the elderly people experienced a lot of mobility issues due to ageing. They reported to experience challenges when they had to go for check-ups as they had to seek assistance all the time and this forced them to miss appointments in some days due to long distance that they had travel to access the services. This was articulated by Powell and Chen (2013) who reported that health systems seemed to be one of the challenges to the elderly people in rural areas as they travel for long hours to access services and many opt for traditional herbs to save themselves long-distance walks to such clinics. It was also supported by Rooy et al (2015) who disclosed in a study conducted in Namibia that, elderly people preferred the use of traditional medicines though they were exempted from paying healthcare services due to the long distances that they had to travel to acquire such services. Even though the elderly people in the current study did not opt for traditional medication, long distances to access health care services was a great challenge for them.

Lack of transport was also found to be the of the main challenge that affected elderly people to access services as they indicated that all essential services like police station, better health care facilities and supermarkets were found in town or far areas. This forced them to be in higher expenses while they were already challenged by their ageing. Similarly, a study conducted by Sinclair et al (2017) found out that, many rural areas in Lesotho share one or very few clinics, which caused a lot of people to travel long distances to access services. Bagheri-Nesami and Shorofi (2014) indicated that old age population is the most intriguing issue in the health and welfare fields around the world and it is even worsened by the insufficient resources and lack of transport services in some communities to cater to population ageing.

The findings concluded that due to multi-morbidity challenges that elderly people face, they missed appointments, needed accompany to access services and spent a lot of financial resources to hire transports and pay for other services. This calls for the government to improve on service delivery to ensure that services are decentralized

to the rural areas to avoid people having to travel for long distances to assess free services which they had to pay more on transport costs to access the services. The need for the government to introduce mobile health clinic in this area would curb the issues of long distances and cut on transport costs incurred by elderly people to access health care services.

5.1.1.5 HIV and AIDS and COVID-19

The findings disclosed that elderly people were not given enough attention due to the issue of HIV and COVID-19. Those that were on HIV treatment indicated that much attention had been given to COVID-19 and service delivery in the health care facility had been affected. They articulated that patients no longer visited the health care facility in huge numbers and such had affected them a lot since they had to spend more money to hire transport as they used to contribute to pay for one car. Lately, they paid for individuals which makes it even more expensive. Similarly, Ngozwana (2019) reiterated that the well-being of older adults is compromised due to the magnitude of disruptions like chronic diseases that affect the younger generation including HIV and AIDS. Studies and reports have shown that HIV/AIDS epidemic also affects elderly people especially women due to their role of caring (Mabele, 2012; MoSD, 2015).

The results also showed that elderly people suffered discrimination due to their HIV status as some stated that their relatives did not take their feelings seriously when they indicated that they were sick. They also suffered financial challenges as they used to receive support from their children and many lost their jobs due to COVID-19.

Consistent with the theoretical framework of the study; the Disengagement theory supports the literature and the theme of health challenges faced by elderly people because it suggests that the condition of being old is not adorable because is coupled with interrelated withdrawal and health challenges due to physical inactivity. It also predicts that retirement will bring a period of maladjustment to many elderly people due to physical inactivity. This had been witnessed in the study as the majority of elderly people reported that they experienced mobility issues, have multiple chronic illnesses, incurred high costs of health services and were neglected due to HIV/AIDS and COVID-19. This shows that there is a need for both the government and the community to treat issues of elderly people as a priority as they affect their quality of life.

5.1.2 Social challenges facing elderly people at Makhoa village in Leribe

Similarly, the findings on social challenges facing elderly people revealed that elderly people at Makhoa village in Leribe were affected with isolation, loneliness, burden of care for orphans and elderly abuse amongst other social issues. This was consistent with the literature whereby Arslantaş et al (2015) conducted a cross-sectional study in Western Turkey to examine the factors that affect the loneliness of elderly people and their relationship with quality of life, the results of the study disclosed that 73.6 % of the participants had no hobbies and poor physical and social functioning show that elderly people were restricted in undertaking physical activities faced problems in social activities and cannot cope with them. Menec et al (2015) stated that studies have shown that many challenges with growing older in rural and remote areas tend to be poorer, lacking infrastructure, and having fewer social and health services. The elderly people's views on their experiences of social problems were that they were experiencing loneliness and social isolation, burden of care for grandchildren, mistreatment and elderly abuse, loss of personal autonomy, social exclusion, poor elderly care, and social experiences of ageing in Lesotho.

5.1.2.1 Loneliness and social isolation, lack of resources to live in good houses

The study found out that elderly people were lonely due to the loss of their partners and friends. This left many with no one to share their feelings with and feelings of loneliness overshadowed their minds as their children also left them alone with grandchildren whom they stated that they felt they could not share their problems. The findings had been substantiated by the study conducted by Weil (2017) which revealed that worries that arose in elderly people in a case study conducted in rural areas were on their vulnerability, struggle, and being left alone in their houses as their children moved to town areas. It also tallied with the MoSD (2014) report which showed that the family structure and living patterns of Basotho have been highly affected by rural-urban migration which has resulted in many elderly people being left alone without care and support of family members.

Some of the elderly also experienced social isolation as they showed that they were often forced to stay home due to their health situation by their children. They were told that their behavior was causing their children shame hence they forced them to stay at home. Similarly, Tiedmann et al (2015) pointed out that, falls are common and

devastating consequences of ageing often leading to ongoing disability and social isolation. This shows that the health status of the elderly could also put them at the disadvantage of being isolated.

The study also found out that there were some elderly people who did not suffer either loneliness or social isolation as they were always around people who cared for them. This contradicted with Arslantaş et al (2015) who indicated that family members impose restrictions on how elderly people socialize and hence add more to their loneliness which also creates problems like depression and psychological instability.

5.1.2.2 Burden of care for grand children

The study discovered that the quality of life for elderly people had been highly compromised due to the nursing roles they play towards their grandchildren. The results showed that majority of elderly people seemed to compromise their needs in order to cater for those of their grandchildren whose parents died or migrated to towns in search for jobs. The results were similar to those of Ngozwana (2019) who opined that rapid urbanization, with young families migrating away from their parents in rural areas of Lesotho, is one acute challenge facing elderly people. The social changes have a significant impact not only on the grandchildren but also on the conditions and quality of life of the grandparents acting as caregivers. In the same manner, studies showed that the most distressing issues around senior citizens of Lesotho are that, instead of becoming independent citizens, they have an enormous number of dependents they care for as many have the burden of care for orphans and vulnerable grandchildren due to HIV and AIDS (Mabele, 2012; MoSD, 2015; Tanga, 2015).

The elderly people at Makhoa village were also faced with the same burden of care as per the results of the study. Many indicated that they never had time to look after themselves and this affected their health negatively as they had continuous stress thinking about the future of their grandchildren in their ages.

The results also found out that even the elderly that did not have children of their own were still burdened with relatives' children. They indicated that they cared for their relatives' children who were also orphaned and thus compromising their welfare. For some, HIV had affected them negatively as they buried most of their children due to HIV and were left with grandchildren who had no property or investments to maintain

them. This correlates with what Tanga (2015), indicated that in Lesotho, the immense number of the elderly population resides in rural households within the ambit of dire poverty, chronic sickness and disease, HIV and AIDS, and other related social problems. This forces elderly people to take parenting roles over their children who left them with many orphans. Ngozwana (2019) found out that cultural factors play a role in compromising the welfare of elderly people as they take over nursing roles in their homes during their own crucial time of ageing.

5.1.2.3 Mistreatment and elder abuse

Elderly abuse seemed to be one of the common social challenges confronting many elderly people in the whole world (Kabelenga, 2018; Lesotho Times, 2018; Novak, 2018). The findings revealed that some elderly people in the village were sexually abused and killed and perpetrators were never found. They were also faced with labeling where they were called witches and the family took advantage of their state of forgetting. This affected them psychologically as it worsened their health situation as they had to think hard about their properties. Similarly, Kabelenga (2018) conducted a study on elder abuse and found out that all the thirty-one participants agreed that the main four most suffered elderly abuse in their communities were accusations of elders as witches, neglect, verbal abuse, and physical abuse and rural communities were the most vulnerable. It was also indicated on the background of the study by McClennen, Keys and Dugan-Day (2017) that elderly people experience abuses as the main challenge. This includes physical, emotional or psychological, sexual, financial, or other material exploitation, neglect, and abandonment or self-neglect and the majority of abuse happens within the domestic settings where they live alone or with other family members.

However, the results also showed that some few elderly people had good experiences with both their families and community in terms of the way they treated them. They were highly protected and supported by their families and their neighbors were also helpful as they showed them humanity in many aspects of life.

5.1.2.4 Loss of personal autonomy

The study revealed that very few elderly people had lost their personal autonomy. They were not considered while important decisions were made in their families and

some even lost their properties which were sold without their consent by the family members who stay with them. This was similar to Leivesley (2018) who asserted that all people including elderly people have the freedom to make choices about one's own life as it is a basic human right. However, research indicates that elderly people's experiences of decision-making autonomy are strongly attached to their living and care arrangements. Sleap (2018) stated that findings from consultation with 450 elderly people across 24 countries carried out by Age Demand Action campaigners and the Help Age global network by the end of 2017 revealed that, many elderly people were denied the autonomy and independence they enjoyed in their earlier lives due to others who think they could no longer make their own decisions or disregard them when they do. In the same manner, in Lesotho, elderly people are often denied self-autonomy by their family members with whom they live with. They plan their money from pension and also decide on how their properties are run (MoSD and Help Age International, 2014).

With this, it is evident that family members need to be taught about the rights of elderly people in order to stop the abuse that they do to them by taking important decisions about their properties, Also, caring for elderly people by staying with them should be mandatory as some family members take advantage of caring for elderly to misuse their property.

There were also many elderly people who never got exploited in terms of decision making as they were always considered as important people during decision making in the family and for some, it was clear that there could never be any final decisions taken with their property without their consent and the majority of the elderly were women. This contradicted with the Ministry of Social Development (2015) in the document on the United Nations Convention on the Rights of Older Persons, which indicated that 85% of older persons in Lesotho live in rural areas, 12% live alone and the majority are women. This gender imbalance among the elderly population leaves women at higher risk of abuse. In same study as per the demographic information all elderly lived in a joint family and never had a problem with autonomy.

5.1.2.5 Social exclusion

The study found out that majority of elderly people were excluded in many things due to technological introduction like gadgets and the youth viewed them as old fashioned.

According to Walsh, Scharf and Keating (2017) in their qualitative study to explore how exclusion is manifested in the life course experiences of older adults' rural areas found that social exclusion of elderly people had been exacerbated by new infrastructures such as the introduction of cell phones and technologies which exclude the involvement of elderly people. Little (2016) supported the view that rapid advancements in technology and media had a huge contribution to the social exclusion of elderly people since there is a need for new skill sets that older members are less likely to have.

With this, elderly people were left with the feeling of incapability, being stupid, and their family social life got destructed. The study revealed that areas where the majority of elderly people used to meet like post office was no longer functioning and thus affecting their socialization in a negative way. According to Walsh, Scharf and Keating (2017) stated that majority of elderly people had been decreased face-to-face conduct due to the closure of post offices. The educational programs are needed to educate families on the importance of having family time and including elderly people in their social life activities as this would also contribute to their psychological well-being.

5.1.2.6 Social experiences of ageing in Lesotho.

The study revealed that the majority of elderly people at Makhoa village in Leribe had very negative experiences of ageing in Lesotho. They received little amount of money from Old Age Pension which they were unable to meet their basic needs. Essential services were hard to reach as all of them were found in far places and cost them a lot of money for transport to access them. Transport was also a huge concern as some even felt a lot of regrets about being part of their community and wished to have made a different choice of place for living. The elderly compared their situation with the nearby country and felt that the government was not doing enough as elderly people in South Africa were receiving a lot of support from their government. Similarly, Mugomeri et al (2015) in a cross sectional study showed that elderly people were faced with dissatisfaction with health regardless of the benefits of Old Age Pension in Lesotho. The pension was not enough to cover for their medication and their quality of life was affected. Dhemba and Dhemba (2015) revealed that the population of elderly poses a challenge to the welfare of the country as it is one of the rapidly growing

populations. Lesotho as one of the developing countries and with high youth unemployment is at risk of supporting its elderly people.

The country had the policy and some programs in place to address the needs of the elderly people, however, there were still a lot of challenges that faced elderly people. This, therefore showed that regardless of policy structures in place for protecting elderly people in Lesotho, abuse reports and the literature proves that measures in place are not enough as elderly people still face a lot of challenges (Dhemba and Dhemba, 2015; Dhemba, 2012; Turkson and Maphepha, 2019).

With this, there is a need for improvement in available structures, services, and implementation of existing policies to ensure that elderly people enjoy their situation of growing old in the country. Rural areas need much attention as literature proved that many elderly people are located in rural communities. This was evident with United Nations Economic Commission for Europe (UNECE) (2017) stating that rural and remote areas in many countries are faced with pronounced ageing population than urban areas, with less access to services and their situation is intensified by the poorer socio-economic condition.

Consistent with the theoretical framework of the study; the Disengagement theory supports the literature and the theme of social challenges faced by elderly people because it postulates that ageing is inevitable, and one's ability to come in contact with friends and relations reduce over time. This was evident in the study where elderly people showed that they did not have socialization in the village and were even to some extend sanctioned from ceremonies. The theory also specified that biological, psychological, and social disengagement are universal and inevitable. This had been witnessed in the study as the majority of elderly people reported that they spent most of their time with their grandchildren. This showed that there is a need for social entertainment for elderly people in the community and advocacy for the community to include them in public development opportunities.

5.1.2.7 Poor elderly care

The study disclosed that care of elderly people seemed to be based on family than any other structure. As a result, they did not receive quality care as they were cared for by unemployed family members who also looked up to them for financial support

and parenting to their grandchildren. They were also taken advantage of their situation of forgetfulness and family members misused their properties. This corresponded with Epps et al (2018) who stipulated that many older persons had challenges of staying home which included poor housing, poor health conditions, and financial confinements even though they may want to remain in houses. MoSD and Help Age International (2014) also asserted that HIV and AIDS have eroded the labor force population whom elderly people were dependent on. This had exposed many older persons to poverty and economic disadvantages as they do not have enough resources and formal paying jobs to continue supporting themselves and the fostered orphans. Economic pressures had also led to elderly people being considered a liability and many families are unable to care for older relatives. These have placed many elderly people at risk of neglect and abuse (MoSD, 2015).

With this, it shows that elderly people were burdened with care instead of receiving care and support from their families. The families that care for elderly people needed a lot of support emotionally, physically, and economically. This would level the burden of care they are faced with by knowing that they would be provided with counseling and skills to care for the elderly people. Income-generating activities should also be introduced in order to address the issues of food insecurity to the families and allow them the opportunity to provide support without much stress on some of the basic needs.

5.1.3 Economic challenges facing elderly people at Makhoa village in Leribe

Financial constraints seemed to be major challenges facing elderly people with chronic illnesses, and their families as they are faced with the choice between paying for medicine or food because they did not have the financial ability to pay for both (Epps et al, 2018). Similarly, the findings on economic challenges confronting elderly people revealed that elderly people at Makhoa village in Leribe were faced with a lot of economic challenges due to multiple health issues that affected them. Amiri (2018) conducted a descriptive study on problems faced by elderly people in India in Pune City of Maharashtra using convenience sampling and administered questionnaires to 300 elderly people aged 60 and above. The results of the study showed that 34% of the respondents were faced with economic challenges due to the increasing competition from the young generation and lack the capacity to be productive like

before. The elderly showed that they suffered economic hardships like reduced income, economic exploitation, poverty and high cost of living, and economic insecurity.

5.1.3.1 Reduced income

The study found out that elderly people's financial status was poor due to the high unemployment rate and the fact that they did not engage in paying jobs. The majority of elderly people relied on Old Age Pension while others on remittances from their children which were also highly affected by the loss of jobs due to COVID-19. Similarly, Amiri (2018) stated that unemployment caused elderly people to rely on small remittances. BOS (2016) indicated that Lesotho is also faced with a huge burden of youth unemployment as the population of the youth makes 36.5% of the country's population and International Labour Office (2016) opined that much of the focus had been on youth development projects which had shifted focus on addressing the issues faced by elderly people. This means that the income subsidies provided to elderly people are highly affected as they receive a small amount of money. The MoSD and Help Age International (2014) asserted that HIV and AIDS have eroded the labor force population whom elderly people were dependent on. This had exposed many elderly people to poverty and economic disadvantages as they do not have enough resources and formal paying jobs to continue supporting themselves and the fostered orphans.

The findings also revealed that the majority of elderly people's income comes from OAP which is not enough to address their basic needs. Epps et al (2018) further revealed that elderly people relied mostly on social security, receiving little income from savings that they accumulated on their own or workplace and utilized much of their income to housing due to utilities and maintenance.

With this, the quality of life of elderly people was affected negatively as they could not manage to have a proper diet. They also default from their medication as they could not afford to have it on empty stomach. Some missed health appointments due to a lack of funds for transport and hence compromising their health care needs. Financial stress seemed to overshadow them since they often stress on where their next meal would come from and the future of their grandchildren. Programs like the Savings and Internal Lending Communities (SILC) would assist them to save and borrow money

for their needs and this would assist many to have short-term or medium-term financial goals.

5.1.3.2 Economic exploitation

In a study conducted in rural South Africa, Madhavan et al (2017) reveal that it becomes challenging for elderly people to follow the albeit romanticized process of ageing as many are taking care of their grandchildren, and cannot utilize their income for their own needs or decide what they want to do with. This is similar to the findings as they revealed that all elderly people stayed with joint family and they played the role of parenting to grandchildren even those that did not have their biological children had other children from relatives to care for. The elderly people fail to care for themselves due to the high rate of unemployment facing their children and they had to carry parenting roles to both their adult children and their grandchildren. For some elderly people, they send their grandchildren to receive their pension and such grandchildren decide on how the money would be used. This corresponds with the International Labour Office (2016) which indicated that unemployment had forced many elderly people the burden of care using their OAP and their grandchildren were even deciding on how they should spend it.

Some elderly people got exploited due to their health situation of forgetting where they put their valuables. The family members stole from them and claimed that they forgot where they put their money. This exposed them to more health issues since it caused them a lot of stress trying to figure out where they put their money. The study further revealed that exploitation was not only manifested by family members but also hawkers who sold goodies during OAP pay day as they lured elderly people to buy goods on credit and made lucrative profits out of them. This leaves many elderly people with more financial hardships because they spent most of their income paying those unplanned credits.

However, there were few elderly people who did not face any form of exploitation as there was nothing that could be done with their money without their involvement. They were also very conversant with their rights since they knew that they had sole responsibility to decide how their funds would be used. On this note, awareness campaigns on the protection and rights of elderly people need to be conducted in order to educate the public about the activities that may put the elderly people at risk of being

exploited. Strong measures to control the exploitation of elderly people should be put in place to ensure that those who take advantage of them face the consequences.

5.1.3.3 Poverty

All elderly people were faced with the challenge of poverty and high costs for paying for essential services and basic needs. Many showed that they relied on OAP and little remittances from children for some. They used their income to pay for health services, transport, and food and they never had savings or any other needs covered since the M750.00 they receive is insufficient to meet all their needs. The results were similar to the International Labour Office (2016) which showed that elderly people in Lesotho are faced with a huge economic challenge as many are not working and their age group is already living on their pensions. Dhemba and Dhemba (2015) argued that on a general basis, the majority of older persons in both Lesotho and Zimbabwe are poverty-stricken, food insecure, and ill-served by health and social services in their respective countries.

The situation of elderly people is worsened by the burden of care for their grandchildren. They spend little income on them trying to address their grandchildren's needs and sacrifice their own. Some even missed health appointments due to lack of money to pay for transport and their children who used to support them getting retrenched in the mines. This was similar to Bello et al (2008) quoted in Dhemba (2012) who contended that poverty among the elderly in Lesotho is worsened by HIV/AIDS pandemic, an immense decline in assets due to stock theft, and mine retrenchment workers who used to support their families back home. According to Leduka et al (2015), an increase in prices has been felt by all consumers although the most affected households are those without economically productive members such as elderly households and those that host OVCs. These households engage in coping strategies such as relying on gifts, skipping meals, buying the cheapest commodities, and migrating to towns in search of jobs.

5.1.3.4 Economic insecurity

The study revealed that elderly people were economically insecure as all of them had no more than one source of income and they had no savings. The demographic information showed that the majority of them earned their living from farming which

they used to support their families. The weather and unavailability of resources also caused many to have poor production as they did not use fertilizers as before. The results were similar to Epps et al (2018) who revealed that elderly people relied mostly on social security and utilized much of their income to housing due to utilities and maintenance. It was also indicated in the problem statement that food insecurity hits hard at the population staying in rural areas whereby 70% of the population residing in rural communities depend on agriculture. They are prone to food insecurity due to a decline in productivity and the absence of other economic activities (Government of Lesotho, 2018). Although the OAP has had positive impacts, evidence has shown that pension on its own may not be able to cover the needs of elderly people since many are also primary caregivers of orphaned and vulnerable children (MoSD, 2015).

There is a need for financial initiatives that would generate income for elderly people in the village as they seemed to have only one source of income. Much financial education was needed to address the skills shortage on savings and expenditure for elderly people as they had shown that they spent all their income and had no funds to look after their emergencies.

Consistent with the theoretical framework of the study; the Disengagement theory supports the literature and the theme of economic challenges faced by elderly people because it postulates that the organization of modern society requires competition for powerful roles based on achievement. Therefore, such competition favours young people since their knowledge is newer and elderly people are automatically excluded from productive roles. This shown in the study where the demographic information showed that all elderly people were not engaged in any paying jobs as all were domestic farmers.

5.1.4 Attitudes of community towards elderly people at Makhoa village in Leribe

The MoSD (2014) indicated that the majority of elderly people reside in rural areas than in urban areas where they are faced with loneliness and negative attitudes from the community they live in. Novak (2018) wrote a book on Issues in Aging and indicated that ageism is one of the issues faced by elderly people whereby they were either disrespected or assumed to have some illnesses. WHO (2016) indicated that negative attitudes towards elderly people are widespread and they affect their physical and mental health negatively. The study found out that loss of respect, ageism

stereotypes, discrimination, and witch-hunt were some of the attitudes that community members had towards elderly people at Makhoa village.

5.1.4.1. Loss of respect

The findings found out that few community members did not offer elderly people respect as they showed that they did not consider them serious in terms of what they say. They viewed them as children and felt that they could not be included in decision-making. Similarly, a descriptive study on the socio-economic status of the elderly conducted in India by Vijayanchali and Grandhi (2012), where elderly people showed that, while probing on problems that faced elderly due to their status, 58% revealed that social problems they faced were among others of disrespect, ignorance, and avoidance which let them fall into emotional problems such as isolation, aggressiveness, and stress.

The study revealed that the majority of community members showed respect towards elderly people since they showed support where some elderly people could not do things for themselves by joining efforts to clean the environment of such individual elderly. This disagreed with WHO (2016) indicated that negative attitudes towards elderly people are widespread and they affect their physical and mental health negatively. World Value Survey analyzed by WHO reported that 60% of respondents reported that elderly people are not respected.

5.1.4.2 Ageism stereotypes

For the majority of community members, the elderly people were viewed as children due to the way they behaved and the fact that they liked being around children. They even called elderly people with names that belittle them like sweetie, baby amongst others. Similarly, Novak (2018) pointed out that, stereotyping and prejudice are some of the attitudes that people show towards elderly people. They are often treated as kids whereby people will talk to them as though they are talking to children. For example, they often use words such as "sweetie, and dearie".

In many of the views, it was found out that elderly people were excluded from social activities including public gatherings as they were labeled as incapable of doing things. Their state of being old made people think like they were of no more value since they were sanctioned during developments and their views were never considered.

Similarly, Little (2016) indicated that elderly people are often treated as incapable of doing things for themselves as they are limited to either their family members or society to engage in certain activities. This, therefore, makes them feel a lack of power and control in their daily living situations. In the same manner, Jopp et al (2016) argued that expectations about old people put them in isolation such as not allowing them to participate in activities due to various reasons. Novak (2018) further indicated that attitudes can mislead people to misjudge old age and view them as incapable of doing things.

5.1.4.3 Discrimination

The majority of community members agreed that elderly people were discriminated against in many ways by both the community and their families. They were left alone at home while all people attended ceremonies due to their appearance, they were not allowed to cook in their families since they were regarded as unclean and they were always left out to participate in important meetings including employment opportunities since they were viewed as children. Similarly, North and Fiske (2012) stipulated that media representation of elderly people tends to reflect age biases, as elderly people are traditionally underrepresented and typecast on television shows, precluded from lead roles in movies, and stereotyped in magazines advertisements. Furthermore, elderly people receiving OAP indicated that, with the small amount of pension fund that they receive, they are also faced with discrimination in terms of job opportunities as they are sanctioned from employment (The post, 2018).

The generational gap seemed to be one of the factors that cause discrimination of elderly people as community members showed that they were left out due to the old ways of doing things. This corresponded with Amiri (2018) who found that 72% of the respondent in the study conducted in India showed that they were respected by their family members though there was a problem with a generational gap which caused the conflict between their sons and daughters.

For some, elderly people were caregivers of people living with HIV in the community and they were viewed as leaders and sources of wisdom. This contradicts with what Atobrah (2016) opined that some of the elderly women in an ethnographic study conducted in Ghana indicated that, they took care of their grandchildren orphaned due to HIV/AIDS and had no support from community and family members due to fear of

stigma and contaminating the disease. At Makhoa village, HIV was not a factor for discrimination in elderly people as the community members indicated.

5.1.4.4 Witch-hunt

The findings depicted that elderly people were labeled as witches by community members due to the way they did things viewed as weird. Their physical appearance also caused community members to treat them badly thinking that they were witches and women were more at risk than men. Similarly, Eboiyehi (2017) indicated that it is not surprising for an average Nigerian who is a typical old woman to be called a witch due to being regarded as weird or anti-social. In many communities, a witch is depicted as an old woman who causes mischief in the family and community, and in rural Nigeria, aged women living alone with certain physical abnormalities such as having red eyes, use poor quality fuel, and spend their lifetime preparing meals over smoky are regarded as witches. Kabelenga (2018) found out that one of the most suffered elderly abuse in rural Zambia were accusations of elders as witches. Brooke and Ojo (2020) showed that older women are one of the most vulnerable members of society in sub-Saharan Africa and are at risk of being perceived as witches.

With this, it shows that there is a need for awareness creation for communities on issues of dementia and elderly people's illnesses. This would reduce the abuses that elderly people face due to a lack of knowledge on issues of ageing. This would also play a vital role in advocating for the rights of elderly people and the law should be made to protect elderly people who face attitudes from the communities especially labeling them as witches.

Consistent with the theoretical framework of the study; the Disengagement theory supports the literature and the theme of attitudes of the community towards elderly people as it states it is more difficult for elderly people to shift to socio-emotional roles especially men and integrative activities because of the danger of competing with their grandchildren for roles within kinship or friendship circles. This was proven in the study where the community members had a view that elderly people did not qualify for employment due to their age and involvement in certain activities.

5.1.5 Systems and policies in place for elderly people in Lesotho.

The findings found that there was only one policy for elderly people known by the staff at the MoSD, and very few programs run by the ministry for elderly people under the elderly department. The study disclosed that the government did not have its own elderly care facilities as they liaised with other elderly care facilities in the country. The following sub-themes emerged during the study interviews; national policies, public assistance, and Old Age Pension, elderly care facilities, local structures for the elderly, family role in care for elderly people, and programs offered by the ministry for elderly people.

5.1.5.1 National policies

The study found out that there was only one policy under the Ministry of Social Development which is the Lesotho Policy for Older Persons which the staff under the elderly department were not conversant with it. The policy caters to the protection of the rights of elderly people and was adopted in the year 2014. It covers elderly people from the age of 60 and above. Similarly, Douglass (2016) indicated that some countries like Japan have made ageing of society a centerpiece of national policy and have acted in sustained ways to ensure that dignity, safety, and respect of elderly people become a cultural traditional demand.

However, the study discovered that elderly people's challenges were not all catered for in the policy. There was also a need for demand creation on knowledge of the policy to both the ministry staff and elderly people as they indicated that they were not familiar with the contents of the policy. It was also found out that the very same policy was not accessible as the Elderly care officer indicated that the officer who had the policy was transferred and she did not have a copy of the policy even though she was to serve the elderly population. The MoSD at Leribe lacked skilled or specialized staff who have knowledge of elderly people as the officers who were in charge were engaged in general work of the ministry. This was similar to what Thovoethin and Ewalefoh (2018) indicated it is worth noting that most of the African countries including Lesotho have pension schemes in place but they lack comprehensiveness concerning people's needs and lack the capacity to offer adequate services to elderly people. The community leaders at Makhoa village did not know about the policy as they only knew about the Old Age Pension which was run under the Ministry of finance.

There is a great need for the ministry to equip its staff with knowledge on available policies for elderly people in order to improve service provision. The ministry also needs to hire gerontologists or skilled and knowledgeable staff on issues that affect elderly people in order to ensure that they receive quality services. In addition, dissemination of knowledge to the villages or communities about available policy in place for elderly people should be made in order to create awareness to the local authorities as they are the ones to care and provide immediate protection to the elderly people.

5.1.5.2 Public assistance and Old Age Pension

The findings revealed that the Ministry of Social Development had public assistance in cash and public assistance in kind which caters to elderly people aged 60 to 69 years aimed at addressing the basic needs of the elderly like health, food, and economic needs. Those aged 70 and above were catered for under the Ministry of Finance with Old Age Pension aimed at addressing their economic needs. It was found that the OAP was not provided to all elderly people even though they qualified due to unknown reasons by the officers as it was not administered under their ministry. Similarly, Dhemba (2012) indicated that Lesotho has public assistance which is administered to vulnerable groups including elderly people aged 60 to 69 years. There is also the Old Age Pension Scheme for those aged 70 years and above which was introduced in 2004. MoSD (2014) stipulated that the Lesotho Policy for Older Persons advocates for the observance of the rights of older persons through the establishment of structures that will improve the status and well-being of older persons. The role of MoSD was to only oversee that elderly people's rights were observed during payday. The bulk of the work was vested in the responsible ministry.

The study found out that the most challenging issues while providing public assistance included understaffing to conduct assessments, majority of services were offered in town areas where a lot of elderly people found it difficult to reach due to lack of transport and multimorbidity challenges that they had. With this, the government has to decentralize services to the communities that elderly people needed to access in order to make it easy for them to access such services. The MoSD has to hire more staff to speed up assessments of elderly people who applied for public assistance in order to address their identified needs.

5.1.5.3 Elderly care facilities

The study found out that there were no elderly care facilities owned by the government under the MoSD and all registered elderly care facilities were provided with subvention to meet some of their needs. The ministry had a memorandum of understanding to put such care facilities accountable to some extent and as a means for collaboration between the ministry and care facilities' owners. However, the ministry did not have a guiding framework to monitor and evaluate services that were provided to the elderly people in such homes due to lack of ownership. It was also found out that amongst the staff that the elderly care facilities have, there were no psychologists or professionals to offer counseling and psychosocial support services to the elderly people as stated by the Generic Social worker during an interview. Similarly, MoSD and Help Age International (2014) showed that Lesotho has few elderly care facilities and they offer support in terms of food, shelter, clothing, and health care. There are no psychosocial expects to assist in the homes due to financial constraints though many come to the homes due to abandonment from their families and communities.

It is worth noting that even though the government does not have ownership of any of the elderly care facility, it was revealed that the family unit was viewed as the primary role player in taking care of the elderly people. The elderly care facilities were considered where there were no external family members or any other options to provide care and support to the elderly people. Similarly, Pathath (2017) indicated that there are institutional care facilities in place for the care of elderly people in many countries, and is not a new model. The institution of family was enough to care for the elderly people a few decades ago and due to urbanization, industrialization, and modernization, there had been exogenous and endogenous changes in the family system and hence a call for elderly care facility.

5.1.5.4 Local structures for elderly

The chief and community councilor indicated that there were no available structures to care for elderly people in the community as they only knew of the Old Age Pension which provided financial support to them. The study revealed that the community used the existing community policing that focused on theft in general and abuse cases in the village to cover for all people regardless of age. It was also discovered that Help Lesotho as one of the very few NGOs that work directly with the elderly was not

operating at Makhoa village though it operated in Leribe. This was supported by the MoSD and Help Age International (2014) who reported that there are few service delivery agencies that attend to the specific needs of the elderly population in Lesotho as they are regarded as a general population rather than a specific category with specific needs and challenges. In the same manner, Preece and Croome (2016) indicated that there were only few organizations that specifically address the needs of elderly people. The register of NGOs in Lesotho published in 2000 showed only two registered organizations specifically for serving elderly people which were Maseru Women Senior Citizen Association (MWSCA) and Thusang. However, the MWSCA focused on retired civil servants and worked in Maseru while Thusanang focused on older adults who lived in villages surrounding the university's main campus for over 40 years. The literature supported the findings that there was a gap at community level especially in rural areas for agencies to serve elderly people.

There was however a nearby elderly care facility owned by an individual in the community which they were aware of its services. Since it accommodated only elderly people who had no one to care for, there were none of such cases at Makhoa village that was reported to the authorities and referred to it. It was also revealed that there were no designed programs and policies at the community level to care for and address the needs of elderly people.

5.1.5.5 Family role in care for elderly people

The study found out that family was considered as a vital structure to care for and support elderly people. The ministry showed that the family is a primary caregiver to the elderly and where there is a dire need for care and such could not be offered by external families then the elderly care facility could be the last hope. In the same manner, Oluwabamide and Eghafona (2012) stated that the family has an outstanding role to care for and support elderly people, however, due to economic challenges and the evolving world, the mutual obligations are being systematically eroded. There is also an increasing emphasis on material success and individualism as a result, a well-to-do younger adult who lives far away from home thinks less of caring for the elderly members of the extended family who are not directly his parents.

In contrast, families seemed to take part in abusing elderly people as the study revealed that some of the abuses that happened in the family including exploitation,

social isolation, and infringed on the right to autonomy of elderly people. This was supported by McClennen, Keys and Dugan-Day (2017) who stated that elderly people experience abuses as the main challenge and the majority of abuse happens within the domestic settings where they live alone or with other family members.

5.1.5.6 Programs offered by the Ministry of Social Development for elderly people.

The findings revealed that the MoSD had the elderly department which provided services to the elderly people. The department had very few programs that were targeted to the elderly and the majority of the department work was based on referrals to other service providers like linking the elderly to the elderly care facilities. There were also awareness campaigns which they held in collaboration with police officers and nutritionists in communities to educate the public about the rights of elderly people and how to care for them properly preserving their rights and dignity. Similarly, the MoSD and Help Age International (2014) showed that the Lesotho government through the Ministry of Social Development offers Public Assistance to support the elderly. It is means tested monthly cash support offered to vulnerable persons, some of whom are the elderly under the age of 70 who are not covered under Old Age Pension. UNICEF (2017) showed that amongst the programs offered by the Ministry under elderly department are public assistance which is one of the social protection programmes to elderly people aged 60 to 69. However not fully staffed with trained personnel to make the social protection programmes efficient and effective.

5.2 Application of the theory to the study

The Disengagement Theory of Ageing (DTA) postulates that ageing is inevitable, and one's ability to come in contact with friends and relations reduce over time (Bengtson and Settersten, 2016). The Disengagement theory suggests that the condition of being old is not adorable because is coupled with interrelated withdrawal and health challenges due to physical inactivity. The theory provided the framework in which interconnection of individual health might be understood and addressed by social workers.

The theory was used to identify challenges that elderly people are faced with at Makhoa village Leribe, Lesotho. The aim is that the knowledge of the challenges facing

elderly people will assist Social worker practitioners and the Ministry of Social Development to introduce or create programs that address these challenges. The communities and families with which elderly people stay will also be made aware of the rights of elderly people through educational campaigns and provided with adequate support for care and support.

Summary of the challenges identified an application of the Disengagement Theory of Ageing in exploring health and socio-economic challenges faced by elderly people in rural communities of Lesotho at Makhoa village in Leribe.

The study found the following challenges; firstly, health challenges and they included poor physical and mental health due to body ailments such as diabetes, high blood pressure, and stress from the care of orphaned grandchildren. They had mobility limitations due to physical inactivity, poor infrastructure, and chronic illnesses that affected them negatively. They were also challenged by the increased health care costs due to their financial instability, far health centers, chronic illnesses, poor service delivery in public health care facilities, and expensive transport costs. HIV and AIDS and COVID-19 took precedence on the focus of the elderly as a vulnerable population. They suffered a lot of inconsistencies due to COVID-19 at health care facilities, changed schedules which affected their way of traveling in trips to reduce costs, much attention provided to coronavirus, and a lot of their support system lost jobs due to the COVID-19 pandemic.

The second challenge identified was social challenges and they included loneliness and social isolation due to loss of life partner, children, friends, children migrating to towns in search of jobs and some never come back, and being forced to stay in homes due to their health situation by their children. The elderly people were affected by the burden of care for grandchildren due to the death of their parents, migration and their issues were escalated by the stress they developed from playing nursing roles and compromising their health and social life. Bad treatment and abuse were also identified as many suffered long queues at services, they were labeled witches due to their appearance and the way they do things, their money stolen, and property sold without their approval, and taken advantage of due to their state of forgetfulness.

The third challenge identified was economic challenges which included reduced income due to none income-generating activities, lack of employment opportunities,

reliance on remittances, and little amount from OAP. Economic exploitation was also picked just like exploitation of elderly situations of forgetfulness; they were stripped of their right to make decisions on how to use their funds, burdened with care for grandchildren, and got exploit by hawkers who lure them into credit purchases at very high unreasonable prices. Poverty and the high cost of living affected them badly since many were farmers and their production was poor due to lack of money to buy fertilizers and ability to work in the fields as before. The cost of all things was also high and very straining to them as they lacked employment opportunities and relied solely on remittances from their children while the majority were receiving OAP. For all of the elderly people, economic insecurity was hitting them at heart. They all had one source of income and had no savings to back up their finances.

The fourth challenge was attitudes that the community showed towards elderly people and this included loss of respect due to the way they looked, spoke, and their views not considered as they were taken as not making sense. Ageism stereotypes were dominating with the community members as they treated elderly people like children and called them names such as "sweetie, baby", their physical appearance and the way they spoke made the community have negative attitudes towards elderly people. For some community members felt that discriminating against elderly people was ok as they indicated that it was done to protect them especially those that were left out of public activities. They also felt that elderly people should be excluded from household chores like cooking since they looked dirty and in employment opportunities as they were regarded as incapable. Some community members called elderly people witches due to the way they did things as they were considered as weird.

The fifth and last challenge identified was on systems and policies in place to address issues of elderly people and they included national policies which were not well known by the same officers who were supposed to implement them. There seemed to be a huge challenge in terms of qualified staff to serve elderly people as there were no specialized skills. Even though the ministry had public assistance in place to assist the elderly aged 60 to 69 years, there were still gaps towards its full implementation such as shortage of staff to conduct home assessments at elderly homes and access to essential services like getting health care was challenging to elderly people who required medical exception. The elderly people age 70 and above years were also challenged in trying to access Old Age Pension as some did not have required

documents like identification to register and enroll them while for some missed pay without stated reasons even though they qualified. It had been identified that the existing elderly care facilities were privately owned as the government did not have any elderly care facility and all use their own regulation since there were no standards for guidance and monitoring by the MoSD. This also puts the lives of elderly people at risk of poor service and prone to abuse of some kind. There were no local structures in place for the care of elderly people at Makhoa village as the community leaders indicated that they did not have a specific structure or program in place to address elderly people's challenges or needs. The existing local structures like Help Lesotho which operated in the district of Leribe was far from the village.

In addition, the family was viewed by all as the most essential partner to care for and support elderly people. However, it was identified that the majority of families were faced with poverty, unemployment, and a lack of knowledge in taking care of elderly people. This was indicated by both the ministry staff and community authorities as they showed that many families even relied on elderly pensions for survival and had burdened elderly people with caring roles for grandchildren and orphans.

With all the identified challenges, the theory assisted the researcher to recommend and identify the programs and interventions that would be used to address the challenges. For health challenges, the identified interventions included decentralization of health care facilities to the rural Makhoa village to curb the issues of long distances to access health care services, ensure that medication is available in the health facility to avoid buying in the pharmacists and reduce costs of health care that elderly people incurred. Elderly people should also be engaged in health talks about common illnesses that attack elderly people and be equipped with knowledge and skills on how to manage the situation of their health.

In addressing social challenges, many educational campaigns, and programs are needed to be conducted in the community to create awareness on the rights of elderly people. Perpetrators should also serve the consequences in order to set the record straight for all to respect elderly people. The culture of Basotho that used to view elders as a source of respect, leadership, and guidance should be reinstated to both the family and community as it would preserve the dignity of elderly people.

For economic challenges, the ministry should roll out social clubs to many rural communities in order to allow elderly people the opportunity to learn financial saving skills and develop financial goals. Awareness campaigns on legal structures that are available to control money theft like cell phone money and registered societies should also be invited to communities to educate the elderly on how safe they could save their money. The income generating activities like rearing of pigs, chickens and sewing could also be made through formation of community elderly groups to address their economic needs.

The attitudes challenges identified could be addressed by holding educational campaigns on ageing to the community and create a wakeup call to people to know that ageing is inevitable as the literature indicated that, there was a personal stake in improving the status and life circumstances of older adults and it is worth noting that they are what we are becoming. If their problems are not faced and solved today, we will be in dire straits in the future.

The systems and policies in place for elderly people's challenges should be addressed by introducing the culture of reading policies available in the ministry to all officers in charge of the elderly care services as there seemed to be a knowledge gap on policies and services that the ministry had towards elderly people. More engagement of staff to administer public assistance to the elderly to reduce a back lock of applications and qualified people to work with elderly people should be engaged to improve service delivery. The elderly care facilities should also be capacitated by engaging professionals to provide psychosocial support services to both the elderly and carers. There is also a need for monitoring and evaluation guidelines to assess the quality of care provided by elderly care facilities in the country. Community leaders should be capacitated on information pertaining to elderly issues and assisted to initiate structure of care and support within their villages to protect elderly people's rights. Families should be empowered to care for the elderly people through the creation of income activities, knowledge, and skills to care for and support elderly people. Finally, the MoSD should publicize its programs to be known to the elderly and ensure that staff is equipped on what programs are available together with how they should be implemented. More programs should also be developed to address the contemporary needs of elderly people in rural areas.

Table 5.1 below is an illustration of the application of Disengagement Theory of Ageing for health and socio-economic challenges faced by elderly people at Makhoa village in Leribe.

Health	Social	Economic	Attitudes of community	Systems and policies
Compromised physical and mental health	Loneliness and social isolation	Reduced income and economic insecurity	Ageism stereotypes	National policies
-Engage elderly people in health talks -Capacity building on how to manage their health	-Form Social clubs to offer support to elderly people -Hold educational sessions with families and communities to promote inclusion of elderly people	-Non-discriminating employment opportunity for all -Form SILC groups and income generating activities -conduct financial education sessions	-Hold educational campaigns on ageing to create awareness that ageing is inevitable.	-Familiarization of policies to MoSD staff in Leribe -Sensitize communities about policies to protect elderly people's rights.
Increase in health care costs	Loss of respect	Economic exploitation	Loss of personal autonomy	Public assistance and Old Age Pension
-Advocate for availability of medication in local health care facility -Decentralization of health care facilities to the rural Makhoa village	-Reinstate culture of Basotho that used to view elders as source of wisdom	-Awareness campaigns on legal structures that are available to control money theft like cell phone money	-Educational campaigns to create awareness on the rights of elderly people in the community	-Recruitment of more stuff to speed up service delivery. -Create awareness on services provided to elderly people.
				Role of family in caring for elderly people -Capacitate the family with skills and knowledge on issues of ageing.

5.3 Challenges

The most serious challenge that was encountered in carrying out the study, although the chosen village and procedure of community participants was meant to overcome the challenges brought by accessibility and availability of participants, elderly people were having other activities like harvesting their fields in the community and it made it difficult to have two focus group discussions as planned since reschedules had to be made to suit their free time. Also, since it was already wintertime, it was very cold and windy during the day of the meeting and that affected the quality of the audio recording. This was however overcome by having one focus group discussion and a lot of note-taking as participants answered the questions and negotiated with them to extend the time for discussion.

The presence of coronavirus and restrictions that the government put in place to curb the spread of infection made it challenging to convince the elderly to meet for a group discussion. Many were afraid to gather in one place and indicating that people who come from township areas like me were putting their lives at risk. I contained the issue by asking for a meeting in an open space where each participant had enough space for social distancing. All people who took part were asked to wear a protective mask and those that did not have them were provided time to go back to their homes to get them. I also used sanitizers for all participants to ensure that hygiene measures were observed.

During mobilization of elderly people to participate in the study, it was clearly articulated that there would be none of compensation or stipends given in appreciation of their participation as the study was voluntary participation. However, the majority of them during the completion of the study tabled that issues pertaining to food insecurity with the hope of being provided with food parcels. I had to engage in long talks beyond the time of the study to clarify the intention of the study and they understood

The officers in the MoSD were not conversant with some of the programs and policies and had to consult with other staff members to address some of the questions. This caused the researcher to take longer conducting the interviews in the ministry though it was just two officers who were interviewed.

5.4 Conclusion

The study concluded that elderly people in rural communities of Lesotho at Makhoa village in Leribe are faced with health, social, and economic challenges, negative attitudes from the community and lack adequate systems and policies to address their issues.

The elderly people were faced with health challenges at Makhoa village in Leribe and affected their quality of life negatively as they encountered common illnesses which ripped them off their financial resources since they had to regularly visit health centers. They were also highly affected physically and mentally as their body was aching, had joints and painful muscles. Their eyesight was affected and could not do things without seeking assistance from their family members who also took advantage of their situations in some instances. Mentally they suffered a lot of stress and depression and they ended up using tobacco trying to relieve themselves. However, this was escalating their health issues as they put themselves at more risk of other illnesses like cancer. The cost of health services seemed to hit hard on the elderly population as the majority suffered from at least one chronic illness which required them to have a monthly check-up. The cost of transport and money to pay for pharmaceutical medication which often is prescribed from the same checkups added more to the financial stress that elderly people went through.

It had also been concluded that social challenges affected the elderly people at Makhoa village in Leribe by isolating them, leaving them alone or in the midst of grandchildren whom they found it difficult to share their feelings with, were unrespected by both the family and community, lost their personal autonomy, faced with social exclusion, poorly cared for and had negative experiences of ageing in their country and village as well. The elderly people were lonely and isolated due to the loss of their loved ones and friends. They lost people with whom they used to share their problems and were isolated from the community gatherings due to their ageing health problems by their family members. Their properties were sold without their consent and labeled witches due to their physical appearance and the way they do things. The elderly care seemed to be very poor as many come from poverty-stricken families where food insecurity and unemployment are very high. They failed to follow the albeit romantic model as they were burdened with care for orphaned children.

The economic status of elderly people at Makhoa village seemed to be very poor as many were recipients of Old Age Pension and had no other means of income. For some, they would wait for assistance from their children who would provide them with little remittances and all indicated that they were unable to cover their basic needs. Economically, the elderly people suffered from reduced income due to the unemployment rate, lack of multiple sources of income, and burden of care for orphaned children. They had a problem with high costs of living and poverty as they had to pay in order to access all essential services as they were all in far areas. All elderly people were faced with economic insecurity as none of them had savings and relied on one source of income. They lacked initiatives to improve their financial status and the majority of them were exploited by being burdened with parenting roles to their grandchildren whose parents were alive in some situations and never showed support knowing that they left them with grandparents who were receiving Old Age Pension.

The community added more stress and complicated the lives of elderly people by showing them negative attitudes. The community had strong ageism stereotypes where they viewed elderly people as children and incapable of doing certain things. They discriminated against them by not allowing them the same opportunity to engage in employment opportunities that took place in the community, showed some disrespect by not considering their opinions in development planning that affected the whole community, and treated them as invisible members of the community.

It had been finally concluded that the policies and structures in place for addressing the needs of elderly people were not sufficient. There were no local structures at the community level and the family which was the primary support link to elderly people was lacking a lot of support too in terms of knowledge, skills, and financial resources to care for the elderly people. The responsive ministry also had a lot of gaps as there was no specialized staff to serve elderly people in the elderly department, lack of knowledge and information pertaining to policies and programs offered to elderly people flooded the officers in charge. There was a need to capacitate the ministry staff with knowledge of programs and interventions that could be implemented to address the needs of elderly people. The ministry was highly understaffed as it experienced a huge back lock of applications for public assistance from elderly people.

Ageing is inevitable and needs consented efforts to address the issues of elderly people. The appropriate interventions need to be taken in order to address the challenges that are faced by elderly people at Makhoa village in Leribe in order to create a positive environment for them to enjoy their last days of life.

5.5 Recommendations

Based on the findings on challenges faced by elderly people, negative attitudes of community members towards them and gaps in systems and policies meant to address their needs, empirical literature, theoretical framework, and conclusions made, the following recommendations are put forth to guide social work practice and welfare policies in Lesotho to promote service delivery and create programs geared towards addressing elderly challenges at Makhoa village in Leribe.

5.5.1 Awareness

Based on the participants' responses on ageing experiences, views on how elderly people should be treated, and the level of autonomy that they should be given, there seemed to be a gap in knowledge on issues of ageing at Makhoa village in Leribe and elderly people had negative experiences of ageing. As a result, awareness campaigns should be conducted to equip the community on elderly people and the challenges that they face in order to assist in reducing discriminatory acts, isolation, and stripped of their autonomy to do certain things.

5.5.1.1 Educational campaigns and programs

On multiple occasions, it was mentioned that elderly people were faced with the burden of care for grandchildren, abused, and isolated from public involvement. These would be targeted to the community to reduce negative attitudes portrayed toward elderly people. The educational campaigns would also assist to create awareness on the rights of elderly people and capacitate families with knowledge on ageing. The knowledge of what challenges face elderly people; their health, social and economic issues could be included. The role of the community in reducing the burden of care on elderly people, social inclusion of elderly people in important activities of community development, and job opportunities could be some of the issues that the community

could be taught about among other things. This would also reduce elderly people's vulnerability to being manipulated over their properties.

5.5.2 Increase in Non-governmental organizations that serve elderly people

There was a huge gap in NGOs that serve the elderly population as Leribe district had only Help Lesotho. The burden of service needs for elderly people seemed to overwhelm the MoSD especially the elderly department in Leribe. Therefore, advocating for more NGOs to include programs for elderly people would assist to speed up service delivery as the study revealed that some of the programs the department had were through the influence of NGOs that implemented in the communities. This will also assist in creating local structures that serve the needs of elderly people and more of the awareness would be created in the community as there would be a lot of activities done on elderly issues.

5.5.3 Social work practitioners

The social work profession is consent with enhancing human well-being, help people meet basic human needs and empower those who are vulnerable, oppressed and live in poverty. Based on this, the following recommendations were made to guide social work practice hoping to assist elderly people at Makhoa village in Leribe.

5.5.3.1 Capacitate family

The family had been playing a pivotal role in providing care to the elderly people as was mention by all participants. The MoSD staff showed that the family was viewed as the primary caregiver to the elderly people, the chief and community councilor indicated that in absence of local structures to address the issues of the elderly people, the families were responsible for the care and protection of the elderly people. The community members also acknowledged that all elderly people were cared for by their families and the majority of abuse happened in those families and the elderly themselves indicated that they were supported by their families which were struggling financially. With this, the family needed to be capacitated with skills and knowledge on care for elderly people as this would improve on the efforts that are already done to address the needs of elderly people. There should also be financial management skills and the creation of income-generating activities to boost family income in order to

reduce the burden of care vested on elderly people, economic exploitation, and power struggle.

5.5.3.2 Health talks with elderly people

Based on the finding on health challenges confronting elderly people, the majority of participants experienced common illnesses and had struggles in managing their health, therefore, educational talks are needed to equip elderly people with knowledge on how to manage their health. Educational health talks with elderly people would assist them with information and knowledge that would allow them to know the situation of their health status and thus reducing the stress that may be caused by the health issues. This would also curb the issue of exposing oneself to behaviors that would escalate the identified health problem.

5.5.3.3 Advocate for availability of medication in local health care facility.

Strong advocacy for a huge supply of medication to the health care facility in order to provide quality service to the elderly people. This would help to reduce the unplanned town visits that elderly people make to buy the prescribed medication over the counter, the expenses of paying for medication which is free at the care facility would be cut and save the elderly people financial stress.

5.5.3.4 Formation of elderly social clubs

It was outlined that elderly people were excluded in a lot of platforms and were affected by loneliness, hence the formation of social clubs would accommodate elderly people to engage in entertainment activities. This could also be used to discuss issues that affect them in the community and involve youth to learn from them. Through sharing similar feelings with people in similar socialization would assist elderly people to reduce stress and depression that get as they take caring roles over their grandchildren, suffer similar chronic illnesses, and have similar financial hardships. This could provide them with therapy as they would know that they were not alone in their suffering and promote emotional support for themselves. The social clubs would be very appropriate to the village as they would involve no costs and they would allow all people to join without having financial constraints. The involvement of the chief to

ask for permission to form such groups would also assist in ensuring security for all those that would participate.

5.5.3.5 Formation of Saving groups and financial education

Saving groups should be formed for elderly people to curb issues of reduced income and economic insecurity. Savings and Internal Lending Communities (SILC) is a tested model of saving money within the communities with the goal of helping members to better manage their existing resources by teaching them basic financial management skills. The groups would assist the elderly to borrow and save money to meet their needs without having to engage in credit or excessive loans from the loan sharks. As all elderly people showed that they were receiving income from one source, this would assist them to grow their funds. In the same manner, they would even have changed minds towards the use of money as the saving groups have regulations that guide how loans should be made and have timelines for payments which will all be set by the members. The main aim is also to instill the culture of saving as it would assist them to plan for emergencies.

The financial education sessions would create knowledge on how to increase the financial resources that the elderly have. They would be taught to preserve crops to use later when such is no longer available. This would not only save money to buy food but also generate income for the elderly as they would turn some of their crops into money. Training on formulating a budget, identifying needs from wants, and develop financial goals to achieve their plans would assist the elderly to be skilled in managing their finances and resources. More savings would be generated since with the skills gained they would no longer stress about high costs of living.

5.5.4 Government interventions

The Government of Lesotho has created different initiatives to serve vulnerable populations in the country like elderly people. There is a Ministry of Social Develop as the custodian for elderly people and an elderly department created to specifically attest to the needs of elderly people. The government also introduced Old Age Pension to support the financial needs of elderly people in the country. However, the situation of elderly people in the country and in rural communities like Makhoa village Leribe still remains a challenge. There is a need for increased amount on Old Age Pension as it

was little to cover most of the needs of the elderly people coupled with COVID-19 situation as many had turned to be breadwinners in their families. The following recommendations to the government had been made to address the identified gaps during the study:

5.5.4.1 Decentralization of health care facilities to the rural Makhoa village

There is a need for a health care facility in the village as it would curb a lot of problems related to access of health care services like long travel, transports costs and fear of the lives of elderly people as they travel in busy areas to the health care facility. The Government of Lesotho needs to ensure that health care facility or a clinic is constructed at Makhoa village. Even a mobile health clinic could be introduced to visit the area on selected days as it was a great challenge for majority of the elderly people access the health facility. This might be a long term solution to manifest but it would serve a purpose for the Makhoa community and those around it. This will also assist to treat issues of elderly people with priority to avoid causing them a lot of inconvenience and expenses to access services.

5.5.3.2 Capacity building for MoSD elderly department

The Ministry of Social Development Leribe should conduct capacity-building workshops for staff in charge of elderly services in order to ensure that they are skilled and knowledgeable about programs and services offered. The main personnel in the department seemed to lack information on policies and programs implemented under the ministry for elderly people. This would also improve service delivery as elderly people would be served with appropriate services and information would be readily available for them on what services are provided by their department.

Effective programming would also assist staff to have knowledge by including random checks on knowledge of policies as this would compel staff to read the available policies and familiarize themselves with them. Weekly meetings to evaluate weekly implementation plans would also make them be accountable for service provision. As a result, the back lock of assessments would also be reduced.

5.5.3.3 Elderly programs

The MoSD needs to create more programs to serve elderly people. The public assistance, social clubs, and awareness campaigns are not enough to address the needs of elderly people. There should be more programs targeted towards addressing health, social and economic needs of elderly people. The study revealed that the majority of elderly people did not have psychosocial support as they suffered loneliness and isolation, some had multiple illnesses and chronic illnesses that they lacked knowledge on managing them and they were economically suffering. Therefore, programs aimed at alleviating their situation would be appropriate to address their current situation.

5.5.3.4 Modification on existing policies

The Government of Lesotho needs to improve the existing policies to address the needs of rural elderly people as the study revealed that they suffered a lot due to services that are in town areas and poor infrastructure in their areas. The existing literature also proved that rural elderly people suffered more in services such as health, social services, and economic development due to their geographical location and non-existing opportunities for development. The policies should be modified to include the situation in the rural areas.

5.5.4.5 Recommendations towards an inclusive policy and Provision

The findings disclosed that there was a slogan used by elderly department which says, 'nothing for us without us'. However, the elderly people were not included in rural areas during policy and program formation where literature showed that the population of elderly people is concentrated in such areas. Their inclusion would assist to have effective policies and programs as they would include the needs and challenges of elderly people through consultations with them. The policies would also be appropriate to the current situation of elderly people and hence improve on service provision.

5.6 Suggestion for further research

The challenges identified that faced elderly people, and the paucity of literature on rural health and socio-economic challenges facing elderly people, the following recommendations are made for further research.

In light of what many study participants at Makhoa village and from the MoSD in Leribe indicated that family was the primary caregiver to elderly people, there is a need to investigate the role of the family in the care of elderly people. The results of such a study would be incorporated in the social work profession by establishing programs that encourage family support and care towards elderly care as it seemed to be the role player in caregiving.

There is a lack of knowledge on health issues of elderly people from community members at Makhoa village in Lesotho. Most studies focus on the nutritional status of elderly people and their experiences as caregivers. The study revealed that illnesses that face elderly people like forgetfulness cause people to label them as witches. The research that would investigate factors that caused elderly people to call witches could raise more knowledge on the level to which the community knows about ageing illnesses.

There is need for quantitative study with the same research problem for comparison and it will cover more population and be precise on health and socio-economic challenges faced by elderly people. The results of the study would also be used to generalize the situation of elderly people in rural areas due to the huge numbers that would be covered. It would quantify challenges and issues of ageing in the rural community.

There is a scarcity of literature on health and socio-economic challenges faced by elderly people in rural communities in Lesotho. The trend in Lesotho is majority of reports from the Ministry of Social Development, UN agencies, and media reports generalize on the situation of elderly people in the country. This, therefore, calls for more qualitative research on this research problem as it is highly under-researched.

Lastly, a team of researchers could also come together to conduct a quantitative study on the same research and document results that could be used to analyse the situation at a larger scale.

5.7 Chapter summary

The chapter presented the discussions and interpretation of findings, challenges encountered, conclusions reached based on the study at hand and recommendations

suggested to address the identified challenges and gaps. The need for further research and a summary of the chapter had been incorporated.

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APPENDICES

APPENDIX 1: Interview guide for elderly people

Focus Group Discussion (FGD)

1. Village name
2. Age
    a. 60–69 years
    b. 70 years & above
3. How long have been staying in this village?
4. Gender
    a. Female
    b. Male
5. Marital status
    a. Married
    b. Single/ Widowed/ Divorced
6. Educational level
    a. Primary education
    b. Secondary education
    c. Higher education
    d. Others/ No formal education
7. Living Pattern:
    a) Living alone
    b) Nuclear families
    c) Living in joint families
8. Occupation
    a. Retired government employees
    b. Self-employed
    c. Farmers and agricultural labourers.
9. Do you receive any elderly people contribution/ income (pension or other)?
10. Family income.
    a. Less than R500
    b. R500 and above
11. How many children do you have?

12. Number of interviewees per FGD

13. Duration of the FGD

14. What leisure time activities are you engaged in? watching T.V, reading newspapers, spending with younger generations-grandchildren, chatting with your friends/ neighbours and small walk, cooking process for females.

15. How much leisure time activities do you do in a day in your home? half an hour, 1 hour, 2 hours above more

16. How many of you are already receiving the Old Age Pension fund?

Health challenges confronting old age persons?

1. Are you experiencing any physical health problems and or the elderly related ailments like asthma, diabetes, blood pressure, and body ache, hypertension, joint pain, mistreatment and physical and mental abuse, physical and mental disability or HIV and AIDS? How do they affect your quality of life?

2. Are you suffering from any mental impairments and or other mental health related problems like depression, anxiety, schizophrenia or dementia?

3. What are you experience of any emotional problems such as aggressiveness, and stress?

4. Are you experiencing any geriatric problems like Ageism, dental problems, hearing problems, memory loss, sleep-related problems, and unintentional loss of weight etc.? How do they affect your daily life?

5. How much do you pay for health care services and how does it affect your access to such services?

6. Do you need assistance from family members while visiting health care facilities?

7. How long do you travel to access health services and other essential services? Is the transport easily accessible and how does it hinder your access to such services? Mobility limitation in old age (geographical distances, less developed transport services.

8. What are your views on your care at home when you are not feeling well?

9. Do you feel like you are experiencing any neglect of the elderly due to HIV/AIDS?

Social challenges facing older people

1. Are you facing any social problems like disrespect, ignorance, avoidance due to your elder elderly status? What kind of treatment do get from your family and community members? (Probe on Mistreatment and Elderly abuse)
2. Are you considered when decisions are made in the family?
3. Are you experiencing any form of social isolation? How do your living arrangements contribute to your loneliness and social isolation? (Probe on lack of resources to live in good houses, and if there are social relations with family member and friends)
4. Can you explain the kind of any social protection you receive from your family and community members?
5. What are your social experiences of Ageing in Lesotho?
6. In your view, who is responsible to take care of the elderly people in Lesotho?
7. Are your family members actively taking care of you?
8. How does caring for grandchildren affect your quality of life together with the issue of HIV/AIDS?
9. Do you make decision for your own interest and property? (Probe on Loss of personal autonomy?
10. How does introduction of technology affect your participation in daily life activities? (Probe on Social exclusion)

Economic challenges facing older people

1. Are you financially depending on any contributory pensions, savings, social pensions and family support for their economic security or experiencing economic insecurity?
2. Are you getting any old age benefits from government or life insurance?

3. How is your income affected with regard to your age? (Probe on Reduced income and how it affects their quality of life)

4. Who has the final say on how you spend your money and use of your property like land use and selling of other property? (Probe on Economic exploitation)

5. What barriers do you encounter in order to meet your basic daily needs or family member's?

APPENDIX 2: Interview guide for community members

1. Village name
2. Age
3. How long have been staying in this village?
4. Gender
   - **c.** Female
   - **d.** Male

Attitudes of community towards older people

- **a.** In your views, do you feel like elderly people are depressed and with the attitude of being ignored or neglected?
- **b.** What is your conduct towards older people? (Probe on Loss of respect)
- **c.** What is your view of older persons? (Probe on Ageism stereotypes)
- **d.** Do you feel like there are things that older people should not be included in and why? (Probe on discrimination age discrimination and claim their rights)
- **e.** What can you say about older people being called witches? (Probe on Witch-hunt)

APPENDIX 3: Interview guide for local authorities and Government officials

Systems and policy in place for older people

1. Are there any general and social policy aimed at the elderly - provision of social services such as income, security, health care, housing, and legal assistance in Lesotho?

2. Could you tell me your awareness about policies and programmes in Lesotho included the UN agencies, NGOs and CBOs, and Government Ministries?

3. What are the programmes aimed specifically at older persons in Lesotho? – What are such programmes failing to recognize in terms of older persons' special needs, capacities and vulnerabilities?

4. Are elderly persons included in formulation of programmes and national policies that are aimed at addressing their issues?

5. There are NGOs such as Help Lesotho and Maseru Women Senior Citizens Association (MWSCA) that offer services to elderly persons. Does the Ministry provide subvention to such organization?

6. Does Old age pension cover all people who are eligible? What are the barriers encountered in providing it to the older people?

7. How is Social assistance provided and what are the limitations to provide it to older people?

8. How many care facilities do the ministry have in place for older people and what are the challenges encountered in delivering services to older people?

9. What do you think can be done to increase service delivery agencies that attend to the specific needs of the elderly in Lesotho?

10. What measures are in place to support elderly care facilities and ensure their sustainability?

11. Does the ministry see the need to establish an elderly protection unit in police stations that will be specifically trained to attend to the needs of older persons?

APPENDIX 4: Letter of approval to conduct research, from the Department of Anthropology, Sociology and Social Work, NUL.

THE NATIONALUNIVERSITY OF LESOTHO
Faculty of Social Sciences
Department of Sociology and Social Work
P.O. Roma 180
Lesotho.

Telephone:	(+266) 22340601/22213668
Fax:	(+266) 22340000
Website:	http//www.nul.ls

29TH April 2021

To:

The Director Elderly,

Ministry of Social Development, Leribe.

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

This letter is concerning the research study that student Ms. Malekulo Lekulo, ID Number: 2007024493. She is a Master of Social Work student at the National University of Lesotho. She is currently working on a thesis entitled "Health and Socio-economic Challenges facing Elderly People in Rural Communities of Lesotho: The Case of Makhoa Village in Leribe", in partial fulfilment towards obtaining a master's degree in Social Work. In light with this, I humbly ask you to provide permission to collect data in Makhoa Village in Leribe. I assure you that the information respondents will share, will be kept confidential and that it will only be used strictly for educational purposes. I have also include with the necessary information about the study below. Please kindly do the needful.

1. Study site: Makhoa Village in Leribe.
2. Method of data collection: face-to-face interviews, Take down notes during the conversation and record conversation.
3. Timeframe for data collection: MAY 2021.
4. Sample Size: 20 participants.
5. Protocol to be observed by the researcher: when she collects the data: Letter of informed consent requesting elderly people participation in the study, Letter of informed consent requesting community members' participation in the study.
6. Supervisor: Dr.Xavier Rosario Arun Kumar.

Thank you

Dr. Xavier Rosario Arun Kumar
Supervisor - Department of Sociology and Social Work
The National University of Lesotho

APPENDIX 5: Letter of informed consent requesting elderly people's participation in the study.

My name is Malekulo Lekulo. I am a Master of Social Work student at the national University of Lesotho. I am currently working on a thesis entitled" Health and Socio-economic Challenges Faced by Elderly People in Rural Communities of Lesotho: The Case of Makhoa Village in Leribe", in partial fulfillment towards obtaining a master's degree in Social Work. I therefore humbly request you to participate in this study and share your challenges, experiences about ageing and help accomplish the research objectives of the study. Please note that participation is free and there are no incentives attached to it.

The study will find out health, social and economic challenges that you face as the elderly people. It will explore community attitudes towards elderly people and policies and structures available to address the challenges. The study will also ask for your recommendations in reducing challenges facing elderly people in rural areas. The intension of the study is to influence policy makers to develop interventions that empower local structures to support elderly people at Makhoa village in Leribe. I will use face to face in-depth interviews and focus group discussion to collect this information and I will take down notes during our conversation. I humbly ask for your permission to record our conversation if that is fine by you.

During our conversations, I assure you that the information you will share will remain confidential and it will only be used strictly for my educational learning. The findings of the study will therefore be presented and reported to the Department of Sociology, Anthropology and Social Work at NUL. Anonymity is granted as the department will not know your identity since code names will be used. All recorded information will be deleted after the completion of the project and you also have a right to refuse or withdraw your participation from the study at any time should you feel uncomfortable. You will also be asked to sign a consent form to show that you are voluntarily participating in this study.

Participant Declaration: I have been informed about the information concerning the research study. I agree to participate in the interview and also for the results to be published for educational purposes.

 Tick the following box before signing the consent. Agree [ ]   Disagree [ ]

Signature of the Participant…………………………………

Signature of the Researcher………………......................

Date…………………………...

Time...………………………………………………………….

Research site……………………………………………………

**APPENDIX 6: Letter of informed consent requesting community members'
participation in the study**

My name is Malekulo Lekulo. I am a Master of Social Work student at the national
University of Lesotho. I am currently working on a thesis entitled" Health and Socio-
economic Challenges Faced by Elderly People in Rural Communities of Lesotho: The
Case of Makhoa Village in Leribe", in partial fulfillment towards obtaining a master's
degree in Social Work. I therefore humbly request you to participate in this study and
share your challenges, experiences about ageing and help accomplish the research
objectives of the study. Please note that participation is free and there are no
incentives attached to it.

The study will find out health, social and economic challenges that you face as the
elderly people. It will explore community attitudes towards elderly people and policies
and structures available to address the challenges. The study will also ask for your
recommendations in reducing challenges facing elderly people in rural areas. The
intension of the study is to influence policy makers to develop interventions that
empower local structures to support elderly people at Makhoa village in Leribe. I will
use face to face in-depth interviews and focus group discussion to collect this
information and I will take down notes during our conversation. I humbly ask for your
permission to record our conversation if that is fine by you.

During our conversations, I assure you that the information you will share will remain
confidential and it will only be used strictly for my educational learning. The findings of
the study will therefore be presented and reported to the Department of Sociology,
Anthropology and Social Work at NUL. Anonymity is granted as the department will
not know your identity since code names will be used. All recorded information will be
deleted after the completion of the project and you also have a right to refuse or
withdraw your participation from the study at any time should you feel uncomfortable.
You will also be asked to sign a consent form to show that you are voluntarily
participating in this study.