

*Full Length Research Paper*

# Assessment of social and emotional care services for elders in Awira - Amba Community Elders' Care Center, Ethiopia

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The main purpose of this study was to assess social and emotional care services provided for elders in Awira-Amiba Community Elders' Care Center. Data were gathered through in-depth interview. The results revealed that some of the social needs of elders in the care were not met. That is, they did not adequately interact in the social networks with their children, grandchildren, and extended families. Besides, they did not get the opportunity to discuss, talk and share experience about their successes and failures. In spite of this, most elders were happy with their life in the center. However, most of their social needs were not met. For instance, they did not adequately interact in the social networks with their children, grandchildren and extended families. Besides, they did not get the opportunity to discuss, talk and share experience about their successes and failures. Therefore, elders in the center need to get access of involvement in the community activities. In addition, Psychologists, Social Workers and Health Care Workers should engage to meet emotional, social and health needs of elders in the center.

**Key words:** elders, care center, emotional needs, social needs

## INTRODUCTION

Aging is the developmental period that begins in the sixties or seventies and lasts until death. It is a time of life review, retirement and adjustment to new social roles involving decreasing strength and health. Individuals continue to grow until they die. This new growth is motivated by the courage to face virtues, strengths, weaknesses and shortcomings (Santrock, 2006).

Aging entails not only a decrease in the ability to be active but also a trend toward increased dependence to sustain basic life functions. Changes in the human body

can make life more difficult. For some individuals aging is very frightening or depressing. Often that is why people enter long-term care communities (Santrock, 2001).

There are several myths about older adults which are generally not true. For example, there have been beliefs that old people are unhappy; few satisfactions in old age and psychological growth are completed during old age; old people are sick and disabled, to mention but few. However, many older adults experience good health and much joy and satisfaction in their achievements (Papalia

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et al., 2007).

Elders need to maintain interactions with their social networks throughout their lives. They prefer to maintain close ties with their children, grandchildren, and extended families. It is good to design ways of encouraging greater participation of elderly people in the life of the community so as to build healthy social and emotional development (Machizawa et al., 2010).

The developmental task of this stage is to accept one's life as meaningful. The older person who reaches ego integrity looks back with satisfaction, and has an acceptance of life and death. Death is seen as a part of life. If this stage is not adequately accomplished, the person is in a state of despair which is failure to accept the meaningfulness of one's life. When one is in despair, there are feelings of anger, resentment, depression, inadequacy, failure and fear of death (Schaia and Willised, 1996).

Psychological changes that old people face is role loss and role change. Because, as age increases, they are forced to drop roles they played in earlier roles. This causes despair and hopelessness. In addition, unless treated properly older people may experience feelings such as sadness, emptiness, depression and so on. But in most cases, old people do not receive counseling. Besides, they are not involved in work and social activities that may help to reduce stress. Therefore, their psychological needs have not been given adequate attention (Goel et al., 2003).

The social needs of older people revolve around opportunities for interaction in the community. They need to have access to recreation facilities where they could meet and interact with their age mates. In addition, older people should participate in the community life in the forms of debates, and discussions. In other words, they should be actively involved in local and national development programs. However, in most cases, old people are being denied of these opportunities. For instance, one study in Botswana shows that most old people did not get access to social networks in their community (Goel et al., 2003).

Religious institutions are one of the important places to meet both psychological and social needs of old people. Though religion and spirituality are similar, they are not identical concepts. Religion is often viewed as more institutionally based, more structured, and may be associated with organized, well-established beliefs. But, spirituality refers to the intangible and immaterial and not associated with organization. It can refer to feelings, thoughts, experiences, and behaviors related to the soul (Rockwell, 2008).

Religious participation is greater during old age than any other age group. The elderly often have distinct spiritual needs. Ascertaining their religious needs helps to render interventions like spiritual counseling or support groups, participation in religious activities, social contacts from members of a religious community (Rockwell, 2008).

Moreover, for the elderly, the religious community is the largest source of social support outside of the family, and involvement in religious organizations is the most common type of voluntary social activity. In addition, religion correlates with improved physical and mental health.

Having religion may help elders to develop positive and hopeful attitude and to get sense of meaning and purpose in life. Having hopeful and positive attitude about the future in turn helps to cope up with physical problems. Generally, religious beliefs and practices often foster development of community and broad social support networks (Machizawa et al., 2010).

## METHODS AND MATERIALS

### Study area

Awira - Amba community is found in south Gondar, Fogera woreda about 630 kilo meters away from Addis Ababa, the capital of Ethiopia. The community was established in 1957 and has been led by Zumira Nuru. The community has got much recognition from national and international institution for their unique life philosophy. The community is best known by its philosophical adherence to gender equality in all aspects of life.

According to Zumra Nuru, the total population of the community about 420. Of these, the number of elders in the care center was eight. In the community, there is a center for elders to serve individuals who are retired. In the center, there were also elders from neighboring kebeles to get shelter, food, and cloth services

### Research design

In assessing social and emotional cares services for Elders in Awira-Amba community, qualitative method was employed. Because the main purpose of this study is was describing the existing psychosocial needs of elders in the community's Care Center.

### Participants

There were only seven elders in Awira Amba Elders' Care Center. Of course, as care givers mentioned, the number of elders fluctuates from time to time. Since not all elders communicate properly, interview was conducted with three of them. Three elders were selected by the recommendation of the care giver. The care giver of the elders also participated in the study. There was only one female care giver who has been serving the elders for five years. One woman who was a member and a social activist of the community was also interviewed.

### Instruments

Data were collected using semi structured interview. In-depth interview was conducted with three elders, one care giver and one community members. Since there rest four elders were very old-old, they could not properly understand the questions during interview, the researchers decided to limit their interview with the three who did not have problem of understanding and responding to questions. The interview lasts for about two hours on an average.

## Analysis

The data were analyzed, described and narrated in words without numerical representations. After collecting field notes, coding operation was carried out. Similar contents were categorized into similar patterns or themes. Then after meanings were created and narrated.

## RESULTS

Five out of seven elders in the center were men while the rest two were women. Coming to their age, two were young elders (60-69 years), again another two were in middle-aged elders (70-79 years), only one of them was old (80-89 years) and two of them were very old (90-99 years).

According to Birtukan Nibret, the social activist of the community, the Awira-Amba community had started giving care to elders before its permanent settlement at its present place. She added that though the service was not organized like the present one, elders were supported in fulfilling their basic needs (food, cloth, sheltering) and medical services when members migrated and settled in Bonga, South Nations and Nationalities Region. After returning back to their present place, the community has been serving elders in a center.

Currently, the Awira Amba Elders' Center has seven elders who had been selected based on their financial and health needs. Those elders who have serious health and economic problems in the community as well as in the neighboring communities are given the opportunity to be cared for in the center. Of the total seven elders, two of them were from neighboring communities. More specifically, Birtukan stated the criteria to select elders to join the center as follows,

*...even though our philosophy is global, financial shortage has constrained us not to accept large number of elders who have been suffering from various financial and health problems. These factors have limited us to deliver service to only few elders. Had we had enough resources in our center, we would have welcomed all needy elders within and outside the community.*

Moreover, the community assigned one care giver for the elders. Melkaminesh, a 48 years old woman, has been serving the elders for about 12 years. She described her responsibilities as follows;

*I do have the role of preparing food for elders. I am happy to serve our elders. Besides, I look after my children. I have never complained for these duties at home and in the center. I do things based on plan. I do have time for my family as well as for elders. Hence, I have not faced difficulty to manage household chores and duties in the center.*

The community did not have any institution or system which can pave the way to communicate with elders. For

instance, the community does not have institutionally based, structured, organized and a well-established religious institution which creates opportunity to contact with others. Consequently, most time of elders has been spent in the center. They hardly participate in the community life in the forms of debates and discussions. Other individuals rarely visit them. The community leaders as well as other members visit elders at their convenience. According to Melkaminesh, the caregiver, the community leaders and others visit elders when they have spare time. Besides, children are socialized to have habit of visiting elders. For instance, during data collection time, two young children were visiting the elders. These children said that they are being taught to visit elders. In addition, families and relatives of those elders who joined the center from neighboring communities seldom visit them.

One interviewee, Hussien Bogale whose age is 93, stated their social interaction as follows:

*...we share experiences. Talk about what we had in our previous times- childhood and youth years like our deeds, failures, challenges, successes etc. our relatives sometimes visit us. There is good care. In my 10 years stay in the center, I have seen good communication and interaction in the center.*

Another interviewee, Sofia Ahmed (89 years old woman) said the same thing as above. She narrated their social network of as:

*...apart from my health status, I live in a better condition in this center. I communicate with others in the center. Previously, life was challenging. Members of the community visit us. We spend our time while talking, sharing about previous times, our problems and duties in childrearing and other household chores.*

However, Asiya Ahmed (59 years old) who came from neighboring community said that she never communicated with her relatives since she joined the center. But she expressed existence of smooth communication and interaction among elders in the center.

Coming to emotions or feelings, all of the interviewed elders reported that they are happy in their life. For instance, Hussien Bogale, a 93 years old man expressed his feelings as;

*Being member of this community enables one to learn about peace, ethics, morality, cooperation. There has never been conflict among members of the community. There is love. Since I joined the center, I have never felt being alone and sad.*

This interviewee highlighted that he has never dreaded death but wishes to live long.

Similarly, Sofia Ahmed (89 years old woman) and Asiya

Ahmed (59 years old woman) both reported that they are very happy in their life in the care center of the community. Here, Asiya said that she fears death though she accepts that it is inevitable.

## DISCUSSION

The elders in the Awira Amba elders' care center did not get the opportunity to participate in the community. They did not adequately participate in the community life in the forms of debates, and discussions. Hence, they were being denied of these opportunities. Similarly, one study in Botswana shows that most old people did not get access to social networks in their community (Goel et al., 2003). But, Rockwell (2008) stressed the role of religious institutions to meet both psychological and social needs of old people. On the contrary, the Awira Amba community did not have institutionally based religious institutions to create opportunity of interaction between elders and other community members.

Despite absence of professional counselors, clinicians, physicians and social workers in the center, all participants expressed that they are happy in their life. This could be due to their unique life philosophy which adheres to the logic of helping all human beings, irrespective of religion, ethnic group, sex and etc. The majority of them reported that they have never felt sadness or emptiness. Similarly, Goel et al. (2003) stated that in most cases, old people do not receive counseling. Besides, they are not involved in work and social activities that may help to reduce stress. So, it is not peculiar with the Awira Amba case.

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## Conflict of Interests

The author(s) have not declared any conflict of interests.

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