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# Poverty and Ageing in Zimbabwe

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## ABSTRACT

This paper discusses the results of the Poverty Assessment Study Survey (PASS) adopted by the Government of Zimbabwe as a first step in its Poverty Alleviation Action Plan (PAAP). The analysis shows that those aged 60 years and above are generally poor, with the majority of the very poor residing in rural areas, and are mostly female. The paper also discusses the elderly perceptions of the main causes of poverty which include among other things, unemployment and retrenchment, recurrent droughts, low-paid jobs and high prices on basic necessities. The final section of the paper dwells on possible strategies towards poverty alleviation in Zimbabwe and some recommendations for planners. These include employment-creation, increased access to affordable agricultural loans and financing of self-help projects, cooperatives and income-generating projects.

## Introduction

The burden of poverty is spread unevenly among the regions of the developing world, among countries within those regions, and among localities within those countries. Nearly half of the world's poor live in south Asia, a region that accounts for about 30% of the world's population (World Bank, 1990).

People in sub-Saharan Africa, along with those in south Asia, are among the poorest in the world, both in real income in access to social services. The World Bank (1996) reports that about 45% of the approximately 590 million people in sub-Saharan Africa live below the National Poverty Line.

In Zimbabwe, the 1991 Income Consumption and Expenditure Survey (ICES) estimated that about 2.7 million people (25% of the population) were poor. Of this population, 90% lived in rural areas and most earn their livelihoods as communal farmers. The communal lands inhabited by the majority of the poor (70%) are in the natural resource regions (three, four and five) with lowest potential for agriculture. However, poverty was also found to be a serious problem in urban areas with 10% of the urban population assessed as poor.

The 1996 Poverty Assessment Study Survey confirmed that poverty in Zimbabwe is very high with about 62% of all Zimbabweans living in households with income per person below a level sufficient to provide basic needs (Ministry of

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Public Service, Labour and Social Welfare, 1996). With a Food Poverty Line (FPL) of Z\$1,331.87 (US\$121.08) and a Total Consumption Poverty Line (TCPL) of Z\$2,213.28 (US\$201.21) per person per annum it is not surprising that the majority cannot fulfil their basic requirements.

Of the 3,913 elderly singled out for this study (from the main sample used in the Poverty Assessment Study Survey), only 21.5% were non-poor, with 13.3% poor and 65.2% in the very poor category.

## **Definition of Concepts**

### ***Elderly:***

Most developed countries define the elderly as those people who have retired and the retirement or pensionable age that is clearly stipulated is 65 years. This is acceptable especially in countries where life expectancy has reached 75 years and above. This study uses the United Nations' definition of ageing, which incorporates all persons aged 60 years and over, agreed to at the World Assembly on Ageing at Vienna in 1982. Being sixty has no other particular relevance, because chronological age is an inconsistent indicator of the ageing process. Just as physical and intellectual competence develop at different points in time for different people, so does ageing. It is, therefore, possible to be a 'young' sixty-year old or an 'old' fifty-five. The sixty-year cut off point, therefore, is to standardise data for analytical purposes. The term elderly will be used interchangeably with 'the aged' and 'older people' in this study.

### ***Food Poverty Line (FPL):***

A level of income at which people can meet their basic food needs.

### ***Total Consumption Poverty Line (TCPL):***

Sum of primary income, property income, agricultural income, household and business income, transfers and other income.

### ***Non-Poor:***

Refers to persons whose income is above the Total Consumption Poverty Line.

### ***Poor:***

Refers to persons whose income is above the Food Poverty Line but below the Total Consumption Poverty Line.

### ***Very Poor:***

Refers to persons whose total income is below the Food Poverty Line.

## Data Source and Methods of Analysis

Three surveys were conducted for this Poverty Assessment Study Survey (PASS), namely, the household, community and the homeless. As such three structured questionnaires were designed. Information collected included, demographic, cultural, and socioeconomic characteristics, transport and communication, health and environmental issues.

A stratified sample by province, district and land use sector was used. Enumeration areas (EAs) and households were randomly selected. 800 enumeration areas, covering 18,798 households, were selected for the study from the ten provinces of Zimbabwe. Included in this population are 3,913 elderly persons who were singled out for analysis in this paper.

The data is quantitatively analysed using bivariate analysis. The cross-tabulation or joint contingency tables indicate the joint outcomes of two variables. Such tables provide a way of determining whether the two variables are in fact related as hypothesised; that is, whether a bivariate relationship exists between one dependent variable (poverty of the elderly) and the demographic, socioeconomic independent variables.

## Elderly Poverty in Zimbabwe

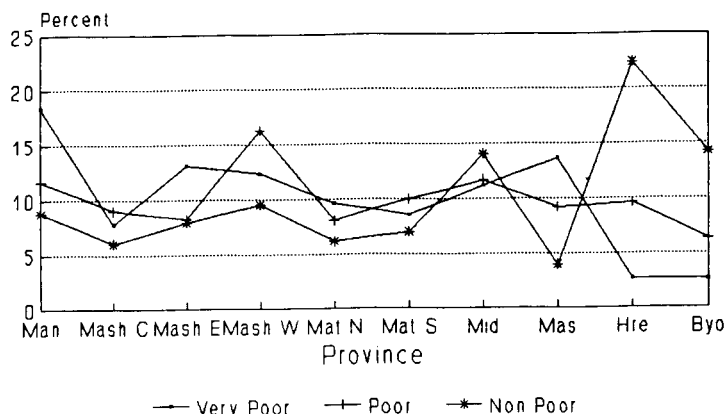
This section focuses on elderly distribution by province, rural/urban location, other land use sectors, gender and marital status.

### *Geographical Distribution of Elderly Living in Poverty*

A general assessment of poverty in old age at provincial level reveals that the majority of the aged are poor. Of the 2,550 (65.2%) very poor elderly persons identified by this study, most of them are in Manicaland (18.4%), Masvingo (13.7%), Mashonaland East (13.1%), Mashonaland West (12.4%) and the Midlands with 11.2% (Figure 1). These again are the provinces that house the majority of the poor. This scenario may be due to the fact that these provinces are mainly rural. Manicaland and Masvingo lie in the Lowveld, which is a low rainfall area and this affects agricultural production which is the main source of rural livelihood. Even though Mashonaland East, Mashonaland West and the Midlands receive more annual rainfall than the two noted provinces, they are home to the majority of farm workers who toil the land but get very little out of it because they are not the owners of the means of production.

21.5% of the 3,913 elderly in the sample were identified as non-poor in all the provinces. The majority of them are in Harare (22.4%), Bulawayo (14.2%) and the

Fig 1: Poverty By Province  
Zimbabwe Elderly 60+



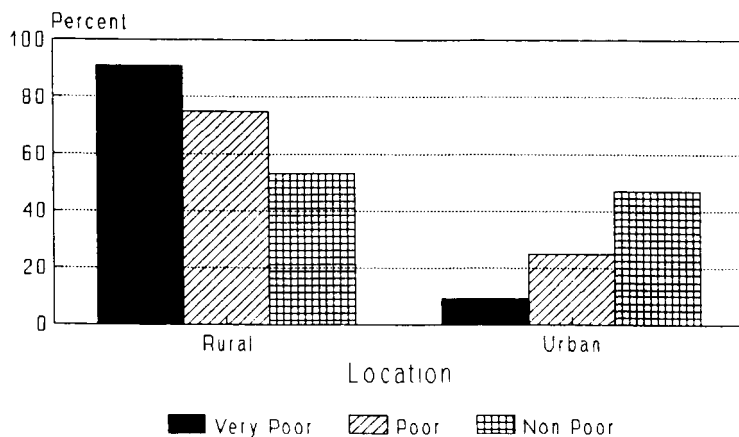
Min of Public Service, Labour..., 1996.

Midlands with 14.1%. It is interesting to note that these are urban provinces and the reflection of the high non-poor population could be due to the availability and accessibility of old people's homes in urban areas. About 90% of all the old people's homes are in urban areas and are occupied by mostly whites who are economically able to pay for institutionalisation from their pension contributions and those from neighbouring countries whose basic requirements are met by non-governmental organisations or by grants from the government (Nyanguru, 1990; Madzingira, 1997). Three schemes of institutional care have been established since 1980, and currently there are over 80 homes for the aged, of which 20 do not charge fees. 'A' scheme is for the elderly who are independent in daily living activities, and those elderly who need supervision in activities of daily living are in the 'B' scheme. Meals are provided and personal laundry is done for them. The 'C' scheme is for the elderly who require 24-hour nursing care. Some homes are private and are run as trusts and admit only those who can pay the fees (Nyanguru, 1990).

### **Rural/Urban Location and Poverty**

Examining the data by rural/urban location, rural areas are characterised by a high percentage of the "very poor" with few elderly persons in the non-poor category (Figure 2). Poverty in rural areas is associated with the crisis in the agricultural sector due to intermittent rainy seasons, persistent droughts, lack of draught power, and lack of appropriate agricultural technology.

Fig 2: Poverty By Location  
Zimbabwe Elderly 60+



Min of Public Service, Labour..., 1996.

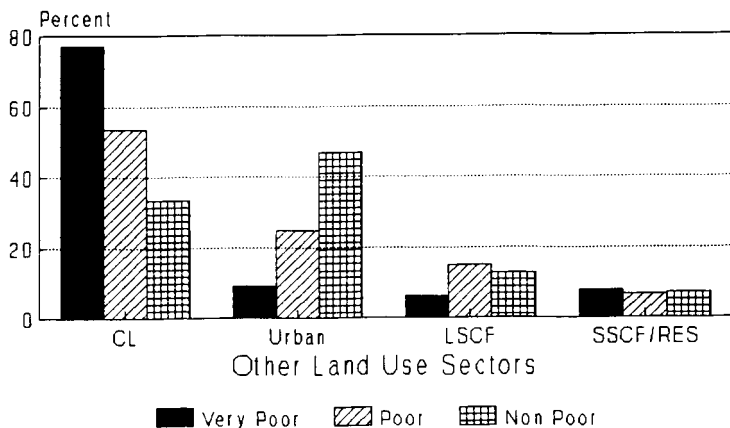
This situation is reversed in urban areas where the majority of the elderly population are non-poor. However, individuals with higher incomes may still be poor, especially in urban areas where the standard of living is generally high compared to rural areas. A number of studies carried out in urban areas have defined the elderly as destitute due to lack of adequate income to pay rent or to buy food, clothing and other necessities (Muchena, 1978; Hampson, 1982; Brand, 1986; Sagomba, 1987; Nyanguru, 1987, cited in Nyanguru, 1990). The FPL in rural areas is Z\$1,180.49 (US\$107.32) with the TCPL at Z\$1,924.20 (US\$174.93) per person per annum. For urban areas it is Z\$1,511.77 (US\$137.43) and Z\$2,554.89 (US\$232.26) respectively (Ministry of Public Service, Labour & Social Welfare, 1996).

**Other Land Use Sectors**

The CSO (1994) noted that the 1992 census data by other land use sectors revealed that most of the elderly are found in communal areas (66.5%), with 15.4% in urban council areas and 8.9% in Large Scale Commercial Areas. Very few elderly (7.8%) are in Small Scale Commercial Farms, resettlement schemes and other urban centres (eg, mines). Less than 2% are in special category EA's (eg, army barracks, hotels), administrative centres, growth points and on state land (Safari Areas and National Parks).

The poverty distribution in old age seems to follow the same pattern. Of those elderly persons categorised as very poor, 77% are in communal areas, 9.1% in urban council areas, 6.1% in Large Scale Commercial Farms and 7.8% in Small Scale Commercial Farms, resettlement schemes, other urban areas (eg, mines) and in special category areas (Figure 3).

Fig 3: Poverty by OLUSS  
Zimbabwe Elderly 60+



Min of Public Service, Labour, ..., 1996.

OLUSS = Other Land Use Sectors

CL = Communal Lands

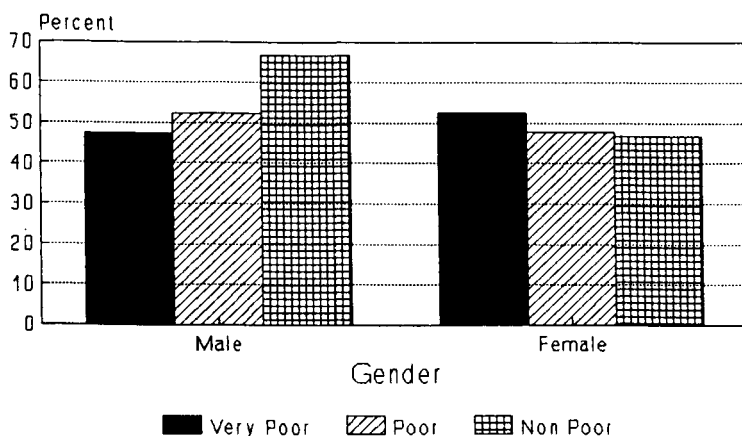
LSCF = Large Scale Commercial Farms

SSCF/RES = Small Scale Commercial Farms/Resettlement

### Gender and Poverty

According to the CSO (1985; 1994), in Zimbabwe, 50.9% of the aged population are females, whilst 49.1% are males. The data from the 1995 PASS shows that more females are poor compared to their male counterparts (Figure 4). Of the elderly categorised as very poor, 52.6% were females compared to 47.4% males. Of those identified as non-poor, 66.7% are males compared to 46.8% females.

Fig 4: Poverty by Gender  
Zimbabwe Elderly 60+



Min of Public Service, Labour, ..., 1996.

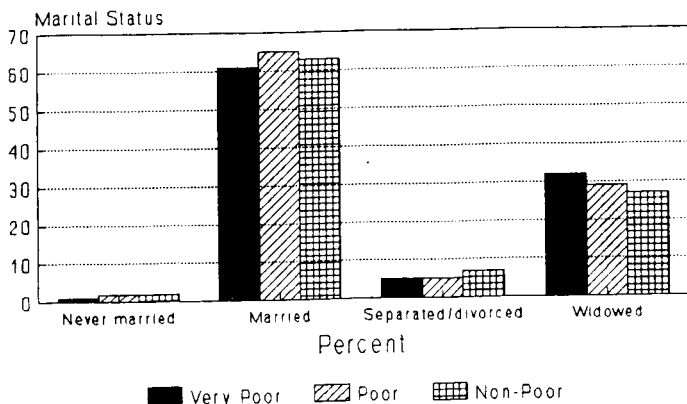
The age difference between spouses where husbands are usually older, means that females are more likely to be widowed than their male counterparts. According to the 1992 census, of all the widowed persons aged 60 years and above, 86.7% were females compared to 13.3% males, while those married were 10.3% and 89.7% respectively (CSO, 1994). In India for example, 78% of women aged 70 years and over are widowed compared to 27% of men (HelpAge International, 1995). Consequently, problems related to employment, income adequacy, health and their care, living arrangements, income and patterns of social interaction of the older people may affect older women more than their male counterparts (Weeks, 1992).



**Marital Status and Poverty**

Analysing the data by marital status and poverty (Figure 5), there are negligible differences in the distribution of poverty by this social factor. In this study, marriage does not seem to play a significant role in determining whether one is poor or non-poor. This may be explained by the fact that in Zimbabwe, as in many developing countries, marriage is universal and selective. Therefore, both the "poor" and the "non-poor" still get into a marital union.

Fig 5: Poverty by Marital Status  
Zimbabwe Elderly 60+



Min of Public Service, Labour, ..., 1996.

**Poverty Perceptions: Identification and Causes****Labelling The Poor**

The survey also collected information from respondents on the characteristics that can be used to identify poor households in their communities. Over 70% of the respondents cited shortage of food as the main attribute used to identify poor households. This seems to be the most important of all the basic needs (that include food, shelter, health, etc) that people need to survive, and therefore lack of adequate food is taken as the main indicator of poverty.

**Table 1: Identification of Poor Households – Perceptions of Respondents, 1995 Poverty Assessment Study Survey**

<b>Identity of Poor Household</b>	<b>Percentage</b>
Shortage of food	73
Shortage of clothes	11
Poor accommodation/None	4
Poor health appearance	3
No draught animals	2
Other	7
Total %	100

Source: Ministry of Public Service, Labour and Social Welfare, 1996.

This study has revealed that 78.5% of the elderly population were identified as poor or very poor, and the four main identification characteristics according to priority ascribed to them by the respondents are; shortage of food, shortage of clothes, lack of or poor accommodation, and poor health appearance (Table 1). In rural communities, where wealth is also measured by the size of livestock herd, lack of draught animals was also singled as a form of identifying poor households in the community.

### ***Perceived Causes of Poverty***

On household perceptions of main causes of poverty, a number of alternative responses were given. Unemployment/retrenchment was cited as the main cause of poverty. However, this question should have separated those with a history of unemployment from those who are currently unemployed due to retrenchment.

Table 2 shows the distribution of respondents' perceived causes of poverty.

**Table 2: Perceived Main Causes of Poverty, 1995 Poverty Assessment Study Survey**

<b>Causes</b>	<b>Percentage</b>
Unemployment/Retrenchment	30
Drought	29
Low paid Jobs	12
Prices too high	8
Laziness	7
Large families with low wages	5
Poor parents	3
Other	7
Total %	100

Source: Ministry of Public Service, Labour and Social Welfare, 1996.

It is not surprising that unemployment and retrenchments were cited as the main causes of poverty especially with the introduction of the Structural Adjustment Programme that has retrenchment as one dose of the prescription for possible economic growth. Most of these retrenchments have targeted those persons aged sixty years or more and thus exacerbate poverty in old age. The impact of recurrent drought cannot be over-emphasised, especially after the 1991-1993 drought experienced in Zimbabwe. The other "category" accounting for 7% of the responses includes lack of education, ill health, poor land quality and shortage of land as causes of poverty.

These perceived causes of poverty are the same with those identified by The World Bank's Poverty Task Force (1996), namely: inadequate access to employment opportunities; inadequate access to physical assets; inadequate access to the means of supporting rural development in poor regions; and inadequate access to markets. Low endowment of human capital, destruction of natural resources, inadequate access to assistance and failure to draw the poor into the design of development programmes have also been noted as causes of poverty.

## Possible Solutions to Poverty Alleviation

Households in this survey were also asked to give possible solutions to alleviate poverty at household level in Zimbabwe and most of them (84%) suggested employment creation, salary/wage increases, provision of affordable agricultural loans, financing of self-help projects and cooperatives, and provision of irrigation water.

**Table 3: Perceived Possible Solutions to Alleviate Poverty,  
1995 Poverty Assessment Study Survey**

Perceived Solution	Percentage
Create Employment	24
Salary/Wage Increase	15
Affordable Agricultural loans	13
More Cooperatives/ Self-reliance/ Income-generating projects	11
Irrigation water	11
Finance/Self-Help Project	10
Provision of land/ education/ accommodation/ Better health facilities	8
Improve Infrastructure	2
Establish training facilities	1
Other	6
Total %	100

Source: Min. of Public Service Labour and Social Welfare, 1996.

These perceived solutions bring out the position of the elderly in the face of retrenchment, retirement and unemployment. The timing of retirement, for example, is a crucial consideration in the policy debate about retirement benefits financing for older persons who are retiring early and living longer (Robinson, Coberly & Paul, 1985; Atchley, 1985). With the advent of the HIV/AIDS epidemic which is affecting mainly the productive members of society, the government might have to revise the issue of retrenching the older workers and retiring those able persons at age sixty-five. A reduction in age discrimination in employment and forced retirement, would reduce effects of unemployment and retirement on the income, health and well being of the older population. This would also ensure continuity in the labour market and reduce the possibility of a country running on expatriate labour which is expensive.

Furthermore, chronological age is not a useful predictor of individual performance among individuals of the same age, especially at higher ages (Robinson, Coberly & Paul, 1985). Employers are, therefore, challenged to measure job-related performance and potential more directly, without using the measure of chronological age in hiring, selection for training and transfer, promotion and termination, and with measurement procedures that are not biased towards older employees.

Employment creation, especially in rural areas, is an important factor which should be discussed together with financing of self- help projects, and cooperatives. Institutionalisation of the aged is not a solution in a developing country like Zimbabwe, where a small proportion of the aged population can be defined as "*old-old*," that is aged seventy-five years and over. In other words, *ceteris peribus*, at age sixty, one may still be able to fend for him or herself and this can be done within the community without uprooting the elderly person from the family environment. Hampson (1982) argues that institutionalisation of the elderly represents failure of the family, the local community, and the statutory and voluntary authorities to keep the elderly in their own homes or in the community. Provided with adequate irrigation water and affordable agricultural loan facilities, the aged population could be a force to reckon with in agricultural production.

Khasiani (1994) noted that although the extended family in East Africa today still provides a network intended to provide care for all, what is left are empty sentiments which do not translate into real support. As such, most old people in this region do not expect economic support and care to be provided to them by their children. They prefer to engage in productive activities and be able to provide for themselves until they are too old to do so.

## Discussion

Concern about poverty in Africa is not new. The World Summit on Social Development, held in March 1995 in Copenhagen, had as its explicit objective poverty eradication in the world through decisive national action and international cooperation (World Bank, 1996).

Poverty is generally widespread among the elderly due to unemployment. Responses in this study on main economic activity in the last twelve months indicate that 47% of the elderly reported that they were communal or resettlement farmers. This means that the crops that they grow are mainly for subsistence and very little, if any, is sold. 20% acknowledged that they were inactive due to either retirement, sickness, disability, and old age. 22% reported that they were unpaid family workers, self-employed or unemployed, and only 11% were employed permanently. This situation is not conducive in these times of harsh economic conditions with the Economic Structural Adjustment Programme being implemented in Zimbabwe. As such, most of them suggested employment-creation and financing for agricultural implements as a means of alleviating poverty.

While AIDS is spreading like wildfire among the 20 to 49 age group, accounting for 70.4% of reported AIDS cases between 1989 and 1992 (NACP, 1993), those aged 60 years and above were reported to be 1.48% of all the reported cases during this period. The major problem of AIDS that confronts the elderly is the provision of care for the AIDS orphans left in their care, since most of its victims are in the productive and reproductive age groups. The elderly are left to fend for these children with meagre resources and hence exacerbate their poverty due to an increased dependency ratio at household level.

The United Nations (1994) noted that the two most acute problems faced by the elderly in the developing countries were lack of specific medical care and the lack of income security. There is a curve-linear relationship between age and income due to termination of formal employment and survival is on handouts from social welfare and/or pension.

Current social security measures in Zimbabwe are limited in coverage and in extent because only those who retire from employment or are on private pension benefit from some form of social security. Under the Welfare Organisations Act (Chapter 93), the government encourages the settlement of needy, homeless elderly in old people's homes. The government then gives grants to those old people's homes that do not charge fees. The question now is, how many elderly people benefit from these homes and grants? Very few, if we consider that most of the elderly population is in rural areas and yet three-quarters of the old peoples' homes are in urban areas.

Furthermore, the 1988 per capita grant per month for an elderly person in an institution as noted by Kaseke (1988) was pegged at Z\$15 (US\$1,36) and has been increased to Z\$150 (US\$13,64) in 1997 (per month). This is still too little to cover the basic needs of the elderly including the running costs of the institution. In these situations where a government pension is received, it is rarely fully indexed to inflation. In Venezuela, real pension benefits fell 60% during the 1980s largely because of inflation without indexation (World Bank, 1994).

On the other hand, publicly managed funds set aside for older persons are often dissipated by poor management. According to the World Bank (1994), the public provident fund in Zambia invested exclusively in public securities and lost 23% per year on average between 1981 and 1988 as more than half of the contributions were used for administrative purposes.

## Recommendations

Despite the recommendations of the workshop entitled "Planning for the Needs of the Elderly in Zimbabwe" which came up with the Zimbabwe Action Plan for the Elderly in 1986 (School of Social Work, 1987), planners have made little effort to formulate policies that are sensitive to the needs of the elderly. The elderly are bound to remain marginalised unless serious attempts are made to enhance the family's capacity to provide adequate support for its own elderly. The following recommendations are put forward for possible poverty alleviation among the elderly:

1. Legislation on the care of the elderly in line with the recommendations of the Zimbabwe Action Plan for the Elderly. Legislation may guarantee that: the fiscus can allocate resources to the elderly; will create a conducive environment where individuals and the private sector will assist the elderly; society will be more prepared to accommodate the elderly; the status of the elderly will be enhanced and facilitate families to appreciate the value of the elderly.
2. The community to support and contribute to the success of the *zunde raMambo* concept where the community provides labour for a chief or headman in his fields. The two motives of such work according to Hampson (1990) are: firstly, to pay homage and secondly, in exchange for work in the chief's field, the subjects have a right to call upon some of the harvest in times of drought. As such, the needy in the community, the elderly included, may benefit from the removal of the main indicator of poverty which is shortage of food.

3. Encourage families to take care of their elderly, and make institutionalisation a last resort. To facilitate this, tax relief and subsidies targeted at those providing care for the elderly may be introduced.

4. Retirement and retrenchments should not be based on chronological age or pensionable age but rather on functional age. Both the public and the private sectors should strive to introduce flexi-time employment and special jobs and duties that are designated to the elderly.

5. Economic empowerment of the elderly in the advent of AIDS: the elderly are taking over the role of care-giving for AIDS orphans as they struggle to care for themselves with limited resources. Given the background that most elderly were never formally employed and those who were once employed were deprived of contributing to a pension fund, government should introduce non-contributory old age benefits to enable all the elderly to have access to basic life-sustaining goods and services.

6. There is need for advocacy on issues relating to the elderly. The elderly themselves should be empowered towards an independent ability to make their own decisions in matters affecting their destiny. There is, therefore, need to inculcate in the family, the community and society at large the value of the elderly. The role of the elderly as custodians of culture and oral history must be recognised and the elderly must be involved in the education of children for them to be appreciated.

7. There is need for further research in the area of the aged/elderly in order to reformulate programmes aimed at the elderly from time to time.

## **Conclusions**

This discussion has highlighted the plight of the elderly in old age. Lack of income security has been singled out as the main cause of poverty in old age and this is what the government should work at in order to alleviate poverty in old age. The elderly should be considered as a marginalised and vulnerable sub-group with specific needs completely different from other population sub-groups. Planners should, therefore, work towards the elimination of poverty in old age by encouraging family-focused social welfare services, the promotion of community-based care, the protection of the elderly as consumers, continued employment of older persons, income security and education.

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