



St. MARY UNIVERSITY

DEPARTMENT OF SOCIAL WORK

**ASSESSMENT OF FACTORS AFFECTING ELDERLY LIVING
CONDITIONS IN WOREDA 8, LIDETA SUB-CITY , ADDIS ABABA**

BY

ELSABETH HAILU

SGS/0660/2011A

JUNE, 2020

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**A THESIS SUBMITTED TO St. MARY'S UNIVERSITY, SCHOOL OF GRADUATE
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JUNE, 2020

ADDIS ABABA

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APPROVED BY BOARD OF EXAMINERS

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DECLARATION

I, the undersigned, declare that this thesis is my original work, prepared under the guidance of a University advisor. All sources of materials used for this thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or full to any other higher learning institution for the purpose of earning any degree.

Name

St, Mary's University, Addis Ababa

Signature

JUNE, 2020

ENDORSEMENT

This thesis has been submitted to St. Mary's University, School of Graduate Studies, and Social Work Department for examination with my approval as a University advisor.

Advisor

St, Mary's University, Addis Ababa

Signature

JUNE, 2020

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Table of Contents

Board of Examiners Approval Sheet.....	ii
Acknowledgement.....	v
Table of Content	vi
List of Tables & Figures	ix
Acronyms	x
Abstract	xi
CHAPTER ONE: INTRODUCTION	1
1.1. Back Ground of the Study.....	1
1.2. Statement of the Problem	3
1.3. Objectives of the Study	5
1.3.1 .General Objectives of the Study	6
1.3.2. Specific Objectives of the Study	6
1.4. Research Question	6
1.5. Significance of the Study	7
1.6. Scope of the Study	7
1.7. Limitation of the Study	8
1.8. Organization of the Paper	8
1.9. Conceptual Definition of Terms	9
CHAPTER TWO: REVIEW OF RELATED LITERATURE	10
2.1. Introduction	10
2.2. Global trend of old age	11
2.3. Developmental Aspects of Ageing	12
2.4. Humanitarian Aspects of Ageing	13

2.5. Challenges of Population Ageing	14
2.6. Rights of the Elderly	16
2.7. Elderly Life in Ethiopia	17
2.8. Elderly Living Conditions in Addis Ababa	19
2.9. Public Opinion of Older People	19
2.10. Ageing as a Social Construct	21
2.11. Standard of Living and Quality of Life in Old Age	22
2.12. Activity theory and Continuity theory	22
2.13. Conceptual Framework	23
CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY	25
3.1. Description of the Study	25
3.2. Research Design	25
3.3. Sources of Data and Types of Data	26
3.4. Sampling Technique and Sampling size	26
3.5. Data Collection Method	28
3.6. Data Processing and Analysis	28
3.7. Ethical Considerations	29
CHAPTER FOUR: DATA ANALYSIS AND INTERPRITATIONS	30
4.1. Introduction	30
4.2. Demographic Backgrounds of the Participant	30
4.3. Factors affecting the living Conditions of the Elderly in the study area	32
4.3.1. Economic Conditions.....	32

4.3.1.1. Pattern of Savings	34
4.3.2. Social Conditions	35
4.3.2.1. Help in Emergencies	37
4.3.3. Health Conditions	37
4.3.4. Housing Conditions	38
4.4. Factors more affected the elderly living conditions in the study area	42
4.5. The belief, attitude and experience of elders on improving their living conditions	43
4.6. Support for the Elderly	44
4.6.1. Expressive Types of Support	44
4.6.2. Social Support	45
4.6.3. NGOs and CBOs Support	47
4.6.4. Emotional Support	48
4.6.5. Economic Support	50
4.6.6. Health Support	52
CHAPTER FIVE: CONCLUSION AND RECOMMENDATION	54
5.1. Conclusions.....	54
5.2. Recommendations	56
Reference	58
Appendix I: Questinnaire for Woreda's Elderly.....	62
Appendix II: Key Informant Interview	66
Appendix IV: Observation Checklist	67

List of Tables & Figures

List of Table

Table 4.1. Profile of the Respondents	29
Table 4.2. Income Source before and after the age of 60.....	31
Table 4.3. Monthly Saving Practice of surveyed Old people in Lideta sub city woreda 8.....	32
Table 4.4. Elders Participation in Association.....	34
Table 4.5. Health Conditions of Respodents	36
Table 4.6. House ownership and Quality Conditions.....	38
Table 4.7. Access water and Sanitation.....	39
Table 4.8. Entertainment and Communication Facilities.....	40

List of Figures

Figure 1: Conceptual Framework.....	23
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ACRONYMS AND ABBRIVATION

AU	African Union
BoLSA	Bureau of Labour and Social Affair
CBO	Community Based Organization
CSA	Central Statistics Agency
EC	Ethiopian Calendar
FDRE	Federal Democratic Republic of Ethiopia
HAI	Help Age International
MoLSA	Ministry of Labour and Social Affairs
NPOAOP	National Plan of Action on Older People
NGOs	Non-Governmental Organizations
UN	United Nations
UNECA	United Nation Economic Commission for Africa
WHO	World Health Organization
WGEA	Working Group on Elders Abuse

ABSTRACT

The main objective of the study is to assess the factors affecting the elderly living conditions in lideta sub-city, woreda 08, Addis Ababa. This study was conducted with the specific aim of exploring the belief, attitude and experiences of elders on the ways of improving their living conditions and to identify the major challenges that affected the elderly living conditions in woreda 8, Lideta sub-city, Addis Ababa. This study was used both qualitative and quantitative research approaches. The data collection work is conducted through key informant interview, questionnaire, relevant documents review and observation. The findings of the research shows that the factors affecting the living conditions of elderly comprised of poor income, poor housing, and lack of social and healthcare conditions. The most common factors that affect the living condition of elderly in the study area were poor income condition which accounts for 19(63%) which was followed by health related issue 5(17%), housing problem 3(10%) and social support 3(10%). To alleviate these problems, the research recommended that importance of a separate policy and social security scheme for non-contributory and non-pensioner poor elderly people; the government should formulate standard of operation that articulates the minimum support packages, and strategies to guide the programs.

Key Words: Elderly; Living conditions; Income, housing, social and health conditions, Lideta SC, AA, Ethiopia

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the Study

Help Age International's insight report of Global age watch index (2013) indicates that in just 10 years' time, the world's number of older people will exceed 1 billion. By 2050, there will be two billion older people, nearly 10 times as many as in 1950. Far from affecting only higher-income countries, population ageing is happening fastest in developing countries. Currently, more than two-thirds of older people live in developing countries.

In 2005, Africa was home to about 47 million people aged 60 and over, most of whom live in rural areas. Those over the age of 60 and 80 represent the fastest-growing population group on the continent. Africa's older population is set to increase by 50% between 2000 and 2015 and by nearly fivefold by the year 2050 (Help Age, 2005). The growth in life expectancy presents new opportunities but it is also a challenge in itself for the future. Particularly, in the developing world, populations are now ageing and the proportion of the elderly is increasing at an alarming speed, while most of the poor in this part of the world still live in poverty.

As to the Central Statistics Agency's current sample statistics data, the population size of Ethiopia was projected at 94.5, 106, and 129 million by 2015, 2020, and 2050 respectively. Of this, elders making up 5.2% in 2015; and expected to grow to 10.4% in 2050 (CSA, 2006). The life expectancy at birth for the period 2010-2015 for Ethiopia is estimated to be 63.1 years, and grows to 74.5 years in average by 2050 (UNDESA, 2015).

In other words, the increase in the number of elderly people in the developing world is not accompanied by real socioeconomic development; consequently, large segments of the population in

general and that of the elderly in particular continue to live at the marginalized living situations. Furthermore, the traditional forms of care and support available to older people until very recently are under threat. But this is not because families no longer care about the elderly; it is in large part the consequence of social changes such as urbanization, geographic spread, the trend towards nuclear families and the participation of women in the workforce (Victoria, 2002).

According to the UN definition, elders are those people whose age is 60 years and above. This is similar to Ethiopia's official retirement age. In Ethiopia People over the age of sixty make up around five percent, that is 3.6 million (CSA, 2008). From this number 1.5 million people are over the age of 70. From these numbers, majority of them have no source of income. Currently only half a million elders have regular public sector pension (Assefa & Frehiwot, 2003).

Basing the report of Ethiopian Statistical Agency censuses and survey projection report (2012) depict that, older peoples who are 65 years of age and above comprises 3.3 % of the total population which is 2.5 million. This number is expected to grow by 2.5 times than now with in the coming 30 years which leads the country to have 6.4 million of elderly population. This remarkable increase in the country's old age population seeks the attention of all stakeholders in terms of considerations in policy making, social recognition and community participation for the needs and concerns of elderly people in their plan of action (CSA, 2012). Woreda 08 is located in the central western area of the sub city. The sub city is bordered by Addis ketema, Arada, Kirkos, Nifas silk Lafto and Kolfe Keranio sub cities. As to the Municipality's Office (2015), the Sub city covers about 9.18 k.m. Sq area. The sub city has 10 Woreda. As of 2011 its population size was about 214,769. However the study is limited to woreda 08, selected target group in the same woreda.

As a result of this, research is intended to improvement the living conditions of the elderly in developing the understanding various factors for reaching the root cause and needs of elderly.

1.2. Statement of the problem

Since the mid-twentieth century, the world population has been experiencing rising proportion of older persons in the total population. Ageing had started earlier in the more developed countries (United Nations, 2013) but currently the elderly population in developing countries has outpaced those in the developed world (Darkwa, 2006). Estimates in 2013 were that about 554 million (65.9%) of the approximately 841 million older persons aged 60 and older in the world were living in the developing world (United Nations, 2013).

In Sub-Saharan Africa, older people have traditionally been viewed in a positive light, as repositories of information and wisdom. In time of need, somehow they were getting strong support and assistance from their family and community, supplemented in many cases by other informal mechanisms, such as support groups (Cohen & Menken, 2006). Ethiopia, as a part of sub Saharan Africa, shares the same history (Belay, 2005).

Some of the causes for the low level of living are health problems, lack of balanced diet, shelter, unsuitable residential areas, absence of family and community support, absence of social welfare coverage, limited social security services, absence of education and training opportunities, limited employment and income generating opportunities (NPOAOP, 1998- 2007) E.C.

Furthermore, HIV/AIDS pandemic is believed to have complicating the problems of older persons at least in two ways. Firstly, older persons are being left helpless and without support as result of the death of their off springs caused by HIV/AIDS. Secondly, reports indicate that there are about 1.2

million children who lost their parents from AIDS and most of them are left at the hands of old people. (HAI, 2004)

In Ethiopia elders are treated with respect and love in the past, and from their families, relatives and the community they can receive approbation. Nowadays, elder people without means are forced into begging due to lack of family and community support. Low level of living has become more domineering among elder and it is much more difficult for them to come out of it. Income generating opportunities, ill health, decreasing family and community support, unsuitable residential areas, limited social security services, lack of education and training opportunities, limited employment, and lack of balanced diet and shelter are some of the factors contributing to the low level of living of elders Aboderin (2004)

There are few research reports that provide information about elderly people in Ethiopia. Kifle's (2002) anthropological study on old age and social change in the rural village of Goshwaha in the district of Ensaro, in Amhara Region explored the life situations of elders. The study identified problems of elderly people including lack of proper care and support, and vulnerability. The scholarly literature addressing elderly issues in Ethiopia is minimal and focuses on the socioeconomic problems of elders, problems facing the families in providing care and support to elders, and factors influencing the traditional values and functions of the family (Assefa, 2010; Kassaye, 2007; Jember, 2007). Mussie (2006) studied the consequences of HIV/AIDS in the traditional support networks of the elderly in Arada Sub-City, Addis Ababa. The findings show that social exclusion, psychological stress and trauma are the problems of elderly people. According to a report of Help Age International-Ethiopia (2010), among the homeless elders studied in Addis Ababa, many have experienced discrimination, abuse, and violation of rights of socio-economic problems.

Even if, these studies show some issues about elders, there are still gaps of studies about factors affecting the living condition of elders. Of course, at a national level, governmental and non-governmental organizations as well as association of older persons have started to make greater efforts in tackling problems of the elderly people. However, due to the absence of networking and inability to streamline the activities of the concerned bodies in conducting in depth study, designing and implementing programs, factors affecting the living condition are not well solved. Factors affecting include income conditions, social conditions, housing conditions and healthy. Income condition are the main problems of elders in day to day activities. By searching the factors affecting the living conditions of Elders, the study will contribute to initiate the government, community and the role of stakeholders to improve the living situations of elders in the study area.

The interest to work on the assessment of factors affecting elderly living conditions of elders came to the researcher attention during field work practice at urban safety net program. It was given window of opportunity to visit Lideta Sub-City Elders homes at woreda 08, particularly the study area elders living conditions was focused and developed the observation. Then, the discussion made with elders revealed that most of them living conditions at the early stage of their age were good when it was compared to the elderly stage. So this seed information initiated the researcher to conduct the study to know the factors affecting their living conditions and contribute to their living conditions improvement of the elderly. Finally with this initiation, this study made an effort to explore the existing living conditions of elders and to assess factors associated with their poor living situations.

1.3. Objectives of the study

The study has general objective and specific objectives.

1.3.1. General objective

The general objective of this study was to assess the factors affecting the Elderly living conditions in woreda 8, Lideta sub-city, Addis Ababa to propose the means of improvement their living conditions.

1.3.2. Specific Objective

1. To explore the factors affecting the living conditions of the elderly in the study area.
2. To assess the belief, attitude and experiences of elders on the ways of improving their living conditions.
3. To identify factors more affected the elderly living conditions in the study area.
4. To identify the major types of support services needed to be provided to the elderly living in the study area.

1.4 . Research Questions

In line with the objective of assessing the living conditions of elderly and its associated factors in the study area, this research tried to answer the following research questions.

1. What are the factors that affected the elderly living conditions in the study area?
2. What are the belief, attitude and experiences of elders that contribute the improvement their living conditions?
3. Which factors are more affected the elderly living conditions in the study area?
4. What major types of support services needed to be provided to the elderly living in the study area?

1.5. Significance of the Study

The significances of study include, first, it reveals the factors affecting the living conditions of elders to know their deep rooted problems and needs to look for solutions. Second, Elderly people of the study area will be well informed about the scholarly supported coping up mechanisms and continue to get aspired for further successes. Third, the academic institution should have in their curriculum theoretical and skills required working with elderly and providing quality services delivery, practice and policy formulation. Fourth, it gives insight to policy makers, social organizers and researchers on the causes and consequences of the problems to initiate them to solve the problems strategically. And, it contributes to the initiation of civil societies and other social agencies to pay due attention in improving the living conditions of the elders in sustainable ways. Fifth, it also serves as a point of reference for other interested individuals to get engaged in doing research in same issue in depth and wider scope. Finally the outcomes of the study recommendations can also serve as source for the further studies.

1.6. Scope of the Study

This research was focused on describing and interpreting the lived experiences of elderly of thirty target groups that comprised of elderly men and women. Geographically, the study was limited to Lideta sub city woreda 8 elders due to shortage of time and finance. The scope of the content of the study was also narrowed to factors affecting the elderly living condition in the study area. Methodologically, the methods of data collection was limited to interview, document analysis and observation.

1.7. Limitations of the Study

This study was not free from limitations. It was geographically limited to Lideta sub city, woreda 8; the content of the study is also limited to assessment of the living conditions of the elderly and methodologically limited to description and exploratory as well as tools of data collection. Like FGD. Because of this covid-19 to the restriction of physical and social distancing. The COVID-19, pandemic at global and local levels also significantly contributed to the limitations of the study in limiting human interactions which is central to the quality of data collection. So to overcome this covid-19 restriction the data is collected by making physical distancing for the respondents and key informants during disperse of questionnaire and interview respectively.

1.8. Organization of the Study

This paper was organized into five chapters. The first chapter discusses introduction such as background of the study, statement of the problem, objectives of the study, research questions, significance, scope and limitations of the study. Chapter two deals with literature review related to the study under investigation. Chapter three focuses on research design and methodology of the study, description of the study area, research design, population, and sampling, tools for data collection and data analysis and interpretation. The fourth chapter presents the results and discussions of the study. The final chapter focuses on conclusions and recommendations the findings of the study.

1.9. Conceptual Definition of Terms

The terms that are considered in the operational definition are elucidated as indicated below:

- **Old Age or Elderly Person:** - According to the UN definition of elder persons are those people whose age is 60 years and over (MoLSA, 2006)

Low Income: is a relative term to distinguish between those with high, middle and low incomes. It covers those with the lowest and indeed negligible incomes. Low income households are not necessary those below the poverty line, nor do those all have the same needs or express the same demand (UN-Habitat, 1991).

- **Vulnerability:** - is a set of conditions and processes resulting from physical, social, economic and environmental factors which increases the susceptibility of a community to the impact of hazards.

- **Health:** As defined by World Health Organization (WHO), it is a "State of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity" (WHO, 1994).

- **Aging:** according to WHO it is the process of becoming older, a process that is genetically determined and environmentally modulated.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter reviews and presents relevant literature elsewhere in the world. It then presents overview of aging population, conceptual definition of old age, and theoretical perspectives in aging. A number of theories have been advanced to explain the aging process and the social factors associated to it. This chapter builds on two major theories that look at old age from a social perspective. Discussions of the activity theory and continuity theory will reveal how older people's situation has been conceptualized. The activity theory was based on the hypothesis that older people remain socially and psychologically fit, if they stay active. And the continuity theory utilizes the psychological theory of personality to explore the influence of personality on personal roles and life satisfaction.

The core argument of this chapter is that, although aged people are expected to actively participate in all activities, their situation (old age poverty) does not allow them to do so. Therefore, they must continue to be actively involved in daily activities to ensure a living. Failure to cater for themselves leaves them dependent on other forms of help. The debate about what defines aging has been ongoing in both the developed and the developing countries. Different societies attach different meanings and symbols to aging.

In the chapter, different issues, such as global trend of old age, challenges of population ageing, rights of the elderly, elderly Living Conditions in Ethiopia and in Addis Ababa.

2.2. Global Trend of Old Age

In 1950, there were 205 million persons aged 60 or over in the world. By 2012, the number of Older persons had increased to almost 810 million. It is projected to more than double by 2050, reaching 2 billion. Currently there are 15 countries with more than 10 million older persons, seven of these being developing countries. By 2050, 33 countries are expected to have 10 million people aged 60 or over, including five countries with more than 50 million older people. Out of these 33 countries, 22 are currently classified as developing countries. The population aged 60 or over is growing at a faster rate than the total population in almost all world regions. Globally, the population aged 80 years or over is growing faster than any younger age group within the older population. The population of centenarians, those aged 100 years or over is growing fastest (United Nations, 2003).

As cited in Vincent, Philipson & Downs (2006), retirement is a modern phenomenon and in the twentieth century it has come to dominate our thinking about and understanding of old age. The ageing of the world population is progressive and rapid. It is an unprecedented phenomenon that is affecting nearly all countries of the world. As long as fertility continues to fall or remains low and old-age mortality keeps on declining, the proportion of older people will continue to increase. In the past ten years alone, the number of people aged 60 or over has risen by 178 million – equivalent to nearly the entire population of Pakistan, the sixth most populous country in the world. And in China alone, the estimated number of older people in 2012 is 180 million.

Older persons are projected to exceed the number of children for the first time in 2047. Presently, about two thirds of the world's older persons live in developing countries. Because the older population in less developed regions is growing faster than in the more developed regions, the projections show that older persons will be increasingly concentrated in the less developed regions of the world.

By 2050, nearly 8 in 10 of the world's older population will live in the less developed regions (United Nations, 2003). Ageing results from the demographic transition, a process whereby reductions in mortality are followed by reductions in fertility. Together, these reductions eventually lead to smaller proportions of children and larger proportionate shares of older people in the population. Ageing is taking place almost everywhere, but its extent and speed vary. In most developed countries, the population has been ageing for many decades, while in developing countries, population ageing has taken place relatively recently, as their mortality and fertility levels have fallen. Currently, the most aged populations are in the developed countries, but the majority of older persons reside in developing countries. Given that the rate of growth of the older population in developing countries is significantly higher than in developed countries, the older population of the world will increasingly be concentrated in the less developed regions (United Nations, 2003).

As indicated in the report in the Ethiopian Annual Statistical Abstract (2006), the total population of Ethiopia was 75 million out of which 3.3 were aged 60 and above. Likewise, out of the total of 12.2 million of urban dwellers 538,800 and out of 62.9 million rural dwellers 2.8 million people were older persons. So, it is clear from the report that the bulk of the aged population lives in the rural areas (MOLSA, 2006).

2.3. Developmental Aspects of Ageing

Older persons are not only owners of extensive knowledge and rich experience accumulated during their long life, but they are also capable to participate in the social and economic development of their countries if they are given the chance. To enable older persons take part in development efforts has double advantage. On one hand they will get the opportunity for employment and feel productive and on another side, they can be self -supportive and improve the quality of their own lives. Since

they have the capacity to teach history, culture and work ethics the community members are required to make use of them

2.4. Humanitarian Aspect of Ageing

Older persons have the same intrinsic rights as everyone else, but there are specific realities – from limited access to services, education and job opportunities to elder abuse, neglect and abandonment – that render violation of their rights more frequent and cause them to be one of the most vulnerable population groups in any society. There is a worldwide toleration of age discrimination and ageism. Age discrimination occurs whenever an individual or individuals are treated differently simply as a consequence of their age. Age discrimination can be directly experienced, as in a refusal of training or education because an individual is deemed “too old”, or indirectly, such as in the non-collection or non-presentation of data on morbidity and/or mortality for people over 65 years – as if illness and death after a certain age is of no interest to society. This translates into a failure to develop policies and interventions that could improve health in older age (United Nations, 2004).

Laws mitigating age discrimination do exist in some countries, but they are most commonly limited to employment, and even so, the right to work, with its social criticality, is far from assured. Legislative attention seldom extends to such vital areas as social and health care, long-term support, or provision of other goods and services. The UN General Assembly, in its various resolutions stated that all the necessary efforts should be made to protect fundamental human rights without discrimination and partiality. Based on these resolutions, there are now many decisions, principles, directives and conventions adopted with a view to enable different section of the society to proper attention according to their problems and interests (United Nations, 2003).

The United Nations (2003) stated that the principles for older persons such as independence, participation, care, self-fulfillment and dignity are being exercised in Ethiopia and many other

countries. In this connection, it is important to create environments conducive for older persons to lead a dignified life with their rights protected and their basic needs fulfilled. These will eventually enable them participate in the economic, social, cultural, civil and political affairs of their country. However, these opportunities cannot be realized equally everywhere in the society due to a number of reasons. While in developed countries the capacity and opportunity to protect rights and fulfill basic necessities of older persons are respected, the situation in developing countries is quite difficult in the sense that services are not provided adequately due to backwardness and poverty.

2.5. Challenges of Population Ageing

Population ageing has significant social and economic implications at the individual, family, and community levels. It also has important consequences and opportunities for a country's development. Although the percentage of older persons is currently much higher in developed countries, the pace of population ageing is much more rapid in developing countries and their transition from a young to an old age structure will occur over a shorter period. Not only do developing countries have less time to adjust to a growing population of older persons, they are at much lower levels of economic development and will experience greater challenges in meeting the needs of the increasing numbers of older people (United Nations, 2004).

According to UN (2004), financial security is one of the major concerns as people age. It is an issue for both older persons and a growing challenge for families and societies. Population ageing is raising concerns about the ability of countries to provide adequate social protection and social security for the growing numbers of older persons. In many countries, expectation is that the family will take care of its economically dependent older members. While some families support their older relatives, others are not in a financial position to do so in a way that does not affect their own economic situation.

Older persons who do not have family to support them are especially vulnerable. Informal support systems for older persons are increasingly coming under stress, as a consequence, among others, of lower fertility, out-migration of the young, and women working outside the home. There is an increasing consensus that countries must develop social protection systems that cover at least the basic needs of all older persons. Ensuring a secure income in old age is seen as a major challenge for governments facing fiscal problems and competing priorities. Some countries are increasingly worried whether they will be able to pay for pensions and whether they will ultimately be able to prevent a rise of poverty in old age, particularly in countries where the majority of older persons are employed in the informal sector (United Nations, 2004).

Health is another major concern for older persons. The demographic transition to an ageing population, accompanied by an epidemiological transition from the predominance of infectious diseases to non-communicable diseases, is associated with an increasing demand for health care and long-term care. Although not an inevitable outcome of growing old, the numbers of older people affected by mental health problems are increasing due to population ageing. Their management has become an increasing concern for both developing and developed countries. Maintaining good health and access to health care is a core concern of older people everywhere. In many developed countries quality of care and rising healthcare costs are major issues related to population ageing (United Nations, 2004).

Age-related discrimination is one of the most frequent challenges faced by older persons in the exercise of their human rights, in developed and developing countries alike. Even though certain cases of reasonable and proportionate differences in treatment on the grounds of age are permitted, there are circumstances in which old age is the basis for denial of services, limitation on accessing benefits, performing activities or exercising rights. Many older people are acutely aware of

discrimination due to age, while others are unaware of their rights and wrongly accept this treatment as part of being old. Poor conditions earlier in life place older people at risk of serious health problems and adversely affect their health and vitality. The understanding that the living environment, working conditions, nutrition and lifestyle choices in younger years influence our health in older age should be a key ingredient for policies and programs with an intergenerational focus (United Nations, 2004).

2.6. Rights of the Elderly

Rights of the elderly are those declared in the UN principles of older persons adopted in 1991 and they are independence, participation, care, self-fulfillment and dignity. These principles are based and articulated in the context of international convention of human rights adopted in 1948 by the UN. Basic needs of the elderly are met when their rights to obtain food, shelter, health services, employment, income generation, social insurance, credit, education and training on equal basis, live in areas of their choice, participate actively on issues of their concern, legal protection that enables to live in freedom, support from community and institutional services, free to practice their faith and receive special services and lead a dignified life.

Since the lives of the elderly are closely intertwined with that of the society, they have the right to develop and execute policies on issues concerning their life and wellbeing, to transmit knowledge and experience to the younger generation. They have also the right to serve their society as volunteers in creating and developing conditions conducive to development.

The elderly have the right to be engaged in activities that protect their rights, and that they have the right for social protection in accordance with the cultural laws and norms of the society. These provisions however should be considered as a right, not as a privilege. It is right and proper to provide the elderly with timely preventive and curative services so as to protect their physical &

mental wellbeing and enable them to have healthy life, and with legal protection needed to live in freedom as well as the appropriate institutional and rehabilitative services. It is necessary to protect their rights to have shelter, medical institutions and care centers for the elderly and protect their human dignity, the right to their faith and liberty.

One of the things older persons require to lead a healthy and happy life peacefully is to get proper respect. They need to be evaluated and treated fairly without being discriminated on economic capacity, physical disabilities, age, gender, race and ethnic background. Provision of support to the elderly should by no means imply imposition or a feeling of dependency, inferiority, or passive recipient of support. More importantly their right should be respected not from external support only, but from their own active participation.

2.7. Elderly Life in Ethiopia

As stated in National Plan of Action on Older Persons (NPOAOP) (1998- 2007), Ethiopia is one among the poorest countries in the world with 44.2 percent of its population living below poverty line. It is understood that disease, protracted war, recurrent drought, absence of good governance are some among the many problems facing the country. These problems together with the modern way of life caused by growing urbanization and modernization are now eroding the culture of intergenerational solidarity and mutual support that has been existing for a very long time and this increased the vulnerability of the society in general and older persons in particular. The achievement and contribution of older persons in our society in areas of family, community, religion, Idir and Iqub is evidence, that they owe a lot to their country, history and culture. Taking into account the enormous contributions of older persons, the society has a longstanding culture to give due consideration to our senior citizens and protect their rights. Poverty become more acute among older persons because once they are exposed to it, it is much more difficult for them to come out of

it. Health problems, lack of balanced diet, shelter, unsuitable residential areas, absence of family and community support, absence of social welfare coverage, limited social security services, absence of education and training opportunities, limited employment and income generating opportunities are some of the factors contributing to the poverty of older persons (NPOAOP, 1998- 2007).

On the other hand HIV/AIDS is further complicating the problems of older persons. Older persons are being left helpless and without support as result of the death of their off springs caused by HIV/AIDS. They are exposed to poverty as they expend their limited asset and income to take care and pay the bills of their children infected by the virus. In spite of their being old, they are also shouldering the responsibility of bringing up their grandchildren in the country who lost their parents due to HIV/AIDS. However, due to the absence of networking and inability to streamline the activities of the concerned bodies in conducting in depth study and designing and implementing programs and projects and due to the absence monitoring and evaluation systems and lack of implementation capacity, it has been difficult to improve the lives of the elderly to a significantly better level (NPOAOP, 1998- 2007).

In order to bring concrete results with visible impact in the life of the elderly by expanding services and supports, Ethiopia has developed National Plan of Action on older persons /1998 – 2007 E.C/ in line with the Madrid International Plan of Action of the elderly, UN Principles on Ageing and AU's policy. Key Issues addressed under National plan of action on older persons /1998-2007/ were: health and wellbeing, family and community care, rights of the elderly, housing and living environment, social security education and training, employment and income generation, poverty reduction, HIV/AIDS, gender and older persons, food and nutrition, emergencies and protection of life and property.

2.8. Elderly Living Conditions in Addis Ababa

The Help Age International in Ethiopia survey on *the Living condition and vulnerability of poor urban older people in Addis Ababa 2010*, also identified that the implementation of the policies, especially the DSWP (Development of Social Welfare Policy), was not as stated in the policy document and states “though it is attempted to establish coordination offices at MoLSA and BoLSAs, the offices were not adequately staffed and budgeted, and hence could not accomplish the tasks they were established for”. Plans of action regarding older people’s healthcare, which are more relevant to our survey, are either at the pilot level and/or ill implemented. They believed that “older people’s specific health problems are not adequately considered in the national health sector plans, and that it is only recently that these problems started to be taken into account.”

According to a city wide assessment report that was conducted in September 2010 in Addis Ababa, there are existing programs for older people in the city. There are three government run care and support giving centers for older people in Addis Ababa. These centers provide assistance for 94 older people (44 males and 50 females) and are under the direction of the Bureau of Labor and Social Affairs. In addition, the government also provides institutional care for older persons outside of the capital city Addis Ababa. The first is Beteselehome home for the aged. This institution is located 110 km north of Addis Ababa and provides shelter, food, clothing, free medical care and recreational facilities for more than 250 older persons. The other is Abraha Bahta home for the aged located in the eastern part of the country rendering institutional service for 220 older people (MOLSA, 2007: 87). The government also provides free medical service to the poor including the elderly.

2.9. Public Opinion of Older People

As people live longer and the ageing population grows worldwide, it becomes increasingly important to identify prevailing attitudes towards older people in society. Ageist attitudes may lead to discrimination and mistreatment of older people. Furthermore, it is essential to understand factors that influence how we understand and perceive ageing and older people (Narayan 2008). These

factors can then be targeted when educational and social interventions are being developed to protect and improve the treatment of older people.

The ageing of the world's population brings with it many new social, political, and economic challenges (WHO 2002). Within this context, public receptions of ageing and older people impact on the formulation and implementation of social policies affecting the elderly (Musaiger & D'Souza 2009). For example, as people age, their need for day-to-day support and healthcare is likely to increase. According to Zhou (2007), good quality care service and healthy relationships with older adults are necessary, but are unlikely if people's views of older adults are negative.

A report by the Working Group on Elder Abuse (WGEA), a group set up to advise and to make recommendations to the Irish government in relation to issues regarding elder abuse, identified a need for academic knowledge on public perceptions of ageing and older people (WGEA 2002). This call for research into attitudes related to older people was also identified by Rupp et al. (2005) who stated that research in to the perceptions of ageing and older people is warranted given the potential negative impact of ageism on both individuals and organizations alike.

Overall it is evident from the literature on the public's perceptions of ageing that older people are predominantly associated with poor health and are generally perceived as weak and frail. Older people are also characterized as having physical impairments, needing physical support aids as well as having declining eyesight and hearing. Although some evidence exists which indicates that older people are viewed as having the capacity to live long independent lives, the majority are stereotyped as becoming progressively frail and needing support as they get older. It is acknowledged that although the stereotypes of older people as weak, frail and disabled result from the ageing process and therefore have a basis in reality, some researchers have argued that it is not the experience of all older people and is often based more on myth than reality (Barrett & Pai, 2008).

2.10. Aging as a Social Construct

Studies of household size during the 20th century show that older persons of developed countries are increasingly likely to live alone. This is presumably due to the increasing shift in cultural values that lend toward privacy and independence (Hayes 2002). Through the course of the 20th century the generations among families began to move away from each other in search of work or a change in lifestyle (Hareven 1994). And while kin assistance to elderly family members is still common, the moving of elders into the younger generation's home is increasingly less prevalent (Hayes 2002). There are several different theories used to explain the various changes in self-perceptions and social interactions associated with aging. The learned dependency theory describes how dependent behaviors of the aged person are utilized to secure social contact (Maddox 2001). The degree and type of dependency depends on environmental factors. In the case of an elderly individual living in their own home in the community, not being able to walk or drive to the grocery store might influence more frequent visits from family and friends to bring over meals.

Depending upon the circumstances and actual need for assistance, this type of forced social interaction may or may not be severely imposing to the person's own well-being. In the case of individuals living in a long-term care facility or at home with a live in caregiver, any unnecessary dependency on the caregiver to help with minor daily activities such as getting dressed or reaching for far away objects might lead to the acceleration of the aging process via disuse of muscles and motor skills. Gerontologists Margaret Baltes and Laura Cartensen (1999) explain that dependency of this nature is socially learned as a means of maintaining social contact in the effort to avoid loneliness. One social construction of old age is that of dependency. It is normalized and accepted by society and invites social support. Independence on the other hand is ignored just as it is in one's youth or mid-life. If one's social world is gradually declining, as happens to many individuals as

they age, independence might negatively affect their mental well-being by inviting loneliness. But becoming overly dependent on the help of others becomes detrimental to the individual's physical functioning when the end result is having a caregiver do everything for them. This type of care giving is prevalent in many long-term care facilities and serves to foster the negative effects of learned dependence.

2.11. Standard of Living and Quality of Life in Old Age

A common experience of growing old is loss of income (Vincent, 2003). The changing material circumstances of older people are a further experience of old age example of the impact of social institutions on old age. The possibilities of living a satisfactory old age are severely constrained by how much money they have. Many older people even in the developed world continue to live in relative poverty. For Europe as cited in Vincent, (2003), the main trends of the twelve members of European Union in material standards as:

- Rising living standards for older people, particularly those aged 50 to 74;
- Wide variation between countries;
- Poverty and low incomes among a significant minority of older people in most countries;
- Older women, particularly widows, having a higher incidence of poverty;
- Growing income inequalities among pensioners (John Vincent, 2003).

2.12. Activity Theory and Continuity Theory

Activity theory and continuity theory are the theories about ageing. Both theories were developed by Havighurst, Neugarten and Tobin. The activity theory was based on the hypothesis that older people remain socially and psychologically fit, if they stay active (McGarry, Clissett, Porock & Walker 2013). The activity theory sees activity as context of this theory; activity may be viewed broadly as physical or intellectual (Meiner 2011.).

The continuity theory utilizes the psychological theory of personality to explore the influence of personality on personal roles and life satisfaction (McGarry, 2013). According to the continuity theory, the latter part of life is a continuation of the earlier part and therefore an integral component of the entire life cycle. Individuals will respond to aging in the same way they have responded to previous life events (Meiner 2015).

2.13. Conceptual framework

The conceptual framework of the study is based on the critical factors that affect the living conditions of the elderly. The factors that affect elders' living conditions are: economic or income, social, health care and housing services are included in the study.

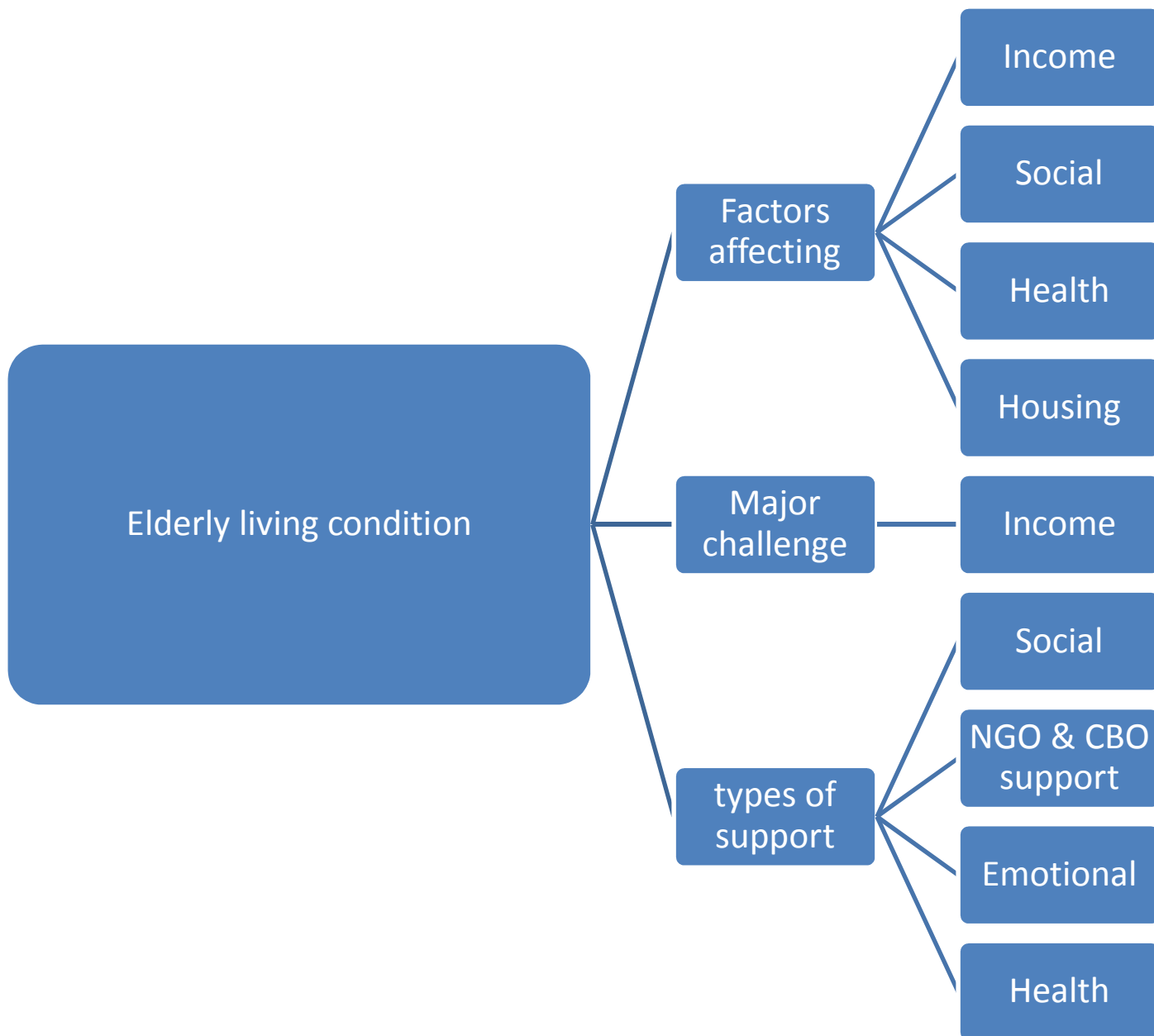


Fig. 2.1 Developed by own 2020

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3. 1. Description of the Study Area

Addis Ababa is the capital city of Ethiopia, the seat of the African Union (AU) and the United Nations Economic Commissions for Africa (UNECA). It is also the capital of Oromia Regional State. It is situated between 8055' and 9005' North Latitude and 380 40' and 380 50' East Longitude in the central plateau of Ethiopia. It covers an area of 540 sq. km. Addis Ababa is founded by the 19th century Ethiopian king Emperor Menelik II and his wife Empress Taitu in 1887 (Teshome, 2012).

Due to its average elevation of 2,500 meters above sea level, Addis Ababa has a suitable climate and moderate weather conditions. Besides, for political and administrative reasons, the city is made to be structured at three tiers: City Government at the top, 10 sub cities Administrations in the Middle, and one hundred seventeen woreda administrations at the bottom (Mulugeta, 2011).

Lideta is one of ten sub cities of Addis Ababa. It has a total population of 201,713 (CSA, 2007). Its geographical area cover 9.18 KM². It is situated at the center of Addis Ababa and bounded by Addis Ketema sub city in the North, Nifas Silk-Lafto sub city in the South, Kirkos sub city in the East and Kolfe Keranio sub city in the West (CAAILIC, 2013).

3.2. Research Design

The research design is a comprehensive plan for data collection of study. Research approach is a plan and procedure for study that is used to detailed research methods of data collection, analysis

and interpretation. The study design is also a consequence of the research question, research objectives, and phenomena of interest, population, and sampling strategies (Majid, 2017).

This research was design to use a mixed research approach, quantitative and qualitative. The numerical data and textual data were used for quantitative and qualitative respectively. This study employed a qualitative explanatory approach. The focus of the research was on investigating personal experiences and their meanings in their natural and context-specific settings. The data had been described in the form of words rather than numbers. The data would have been rich in descriptions and explanations of processes in identifiable local contexts.

3.3. Sources of Data and Types of Data

The population is the study's target population that it intends to study or treat (Majid, 2017). According to Lideta sub city Labor and Social Affair Office (2007) within the sub-city there are 5,913 Elder peoples. From these 1,652 are elderly men and 4,261 are those of women. From those elders in Lideta sub-city woreda 8 there are 311 elders. From those elders 116 and 195 are elderly men and women respectively. The total population of this study was 311 elderly target group.

3.4. Sampling Technique and Sample Size

Technically, the study was based on mixed research approach data collection. The nature of data gathering was focused to ensure whether the objectives of the research were carefully considered and the research questions adequately answered. Lideta Sub City woreda 8 was purposively select based on its relevance to the subject at hand and closeness of the location to the researcher as well as COVID -19 restrictions. Because of covid-19 pandemic the researcher gather data by waiting physical and social distancing.

With regard to data collection process, first, the researcher met experts who work in Lideta sub-city woreda 8 labor and social affair office particularly administrative office and facilitated for the data collection. In the second place self-introduction, rapport building as well as clarifying the purpose of the study to potential participants had been performed. At the same time they were informed about the types of questions to be asked and the use of tape recording in the interview sessions.

This sampling procedure was used for the sake of meeting and sharing the experiences of elderly people who have been living in the in study area. In additions individual persons who have been working directly with the elders in the study area were contacted to make interview. In the study 30 elders and 10 key informants, total 40 participants involved in the study. From 10 key informants, two of them are from lideta sub city woreda 08 labor and social affair office workers who are working particularly on elderly and two of them are from woreda 08 elder's association leaders and the rest are elders who are affected by the problem in the study area. Purposive sampling was preferred because; there was a need to get those who do have rich knowledge and experience about the phenomenon under investigation. The experiences and knowledge of the target groups about the issue of the study and homogeneity of the participants are considered in the selection procedure.

Purposeful sampling is a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources (Patton, 2002). This involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Cresswell & Plano Clark, 2011). Convenience sampling technique is applicable to both qualitative and quantitative studies, although it is most frequently used in qualitative studies while purposive sampling is typically used

in qualitative studies (Ehikan, 2016). Thus, the researcher was employed purposive and convenience sampling methods in the study.

3.5. Data Collection Method

Data were collected by using a combination of research methods. Those method include, key informant interview and observing methods of data collection. There are also tools like questionnaire comprised of closed-ended and open-ended questions and key informant interviews guidelines and observation check list. Key informant interview: leaders of Elders association were selected on the basis of their acceptance in the community as opinion leaders and their deep knowledge about the aging community. Information regarding type and structure of the family relationship, intra and inter-generational ties, social support, current needs and problems and survival strategies were discussed in detail and recorded. Overall, mixed approach information was collected till data saturation is ensured.

3.6. Data Analysis and Interpretation

The process of data analysis in mixed research is dynamic and starts during the data collection and follows cyclical path (Sarandakos 1998). Accordingly, data collection was combining with the analysis process. To address the specific objectives of the study, therefore, With regard to mixed data, content analysis of the data was carried in order to determine common themes, shared by the elderly pertaining to their survival and livelihood experiences in the area. In analyzing the data attempts are make to carefully review and examine field notes from questionnaire, participatory observation and key informant interview.

3.7. Ethical Considerations

At the very beginning of sample selection, the purpose of the study was explained and full based on consent of participants and authorities. The participants were well informed that their participation is voluntary and all information in the survey was used for the research purpose.

Confidentiality or the ethical protection given to participants was mention. For such a purpose, participants were assigned by pseudonyms or their identity was protected from disclosure and remains unknown. Participants were assured of their right for confidentiality; their right to end their involvement from the study at any time is also set in the letter of their consent. In general, the participant's rights, interests and wishes were taken into consideration.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRITATION

4.1. INTRODUCTION

This chapter presents the data analysis and interpretation. More specifically, the chapter begins with providing the background on the socio-demographic characteristics of the study participants that followed by the results related to the living condition of the elderly. The data presentation begins with providing the profiles of the thirty participants involved in the study through questionnaire, key informant interviews and observation checklist. The questionnaire was used for elders who reside in Lideta Sub-City, Woreda 08 for long years. Key informant interviewees were conducted with manager /deputy manager of Lideta Sub-City, Woreda 08 Elder's Association, leaders and experts from Lideta Sub City Labour & Social Affairs Office. The profile is presented on the basis of gender and age, level of education, area of residence, housing condition, and physical and health conditions, income condition, natural and social condition. The presentation of major findings of the study is organized into categories.

4.2 Demographic Background of the participants

A total of forty respondents were participated in this study through questionnaire and interview, thirty of them were participated through questionnaire and the rest were key informants.

Table 4.1: Profiles of the respondents

No	Variable item	Categories	Distribution	
			Frequency	Percent (%)
1	Sex	Male	14	46.6
		Female	16	53.4
		Total	30	100.0
2	Age	60-70	16	53.4
		75-80	11	36.6
		80-85	3	10
		85+	0	0
		Total	30	100.0
3	Education	Illiterate	0	0
		Read & write	15	50
		Complete 12 grade	10	33.4
		Certificate	2	6.7
		Diploma	2	6.7
		Degree	0	0
		Masters & above	1	3.3
		Total	30	100.0

Source: Own survey 2020

Table 4.1 above indicates the number of valid respondents is 30, out of which only 46.6% are men. The age structures of the respondents' shows that 53.4 % of them' their age is between 60 and 70 years following by age group from 75 - 80 that constitutes 36.6 %. The eldest age group that is 80-85 constituted 10 %. Regarding educational level of elderly persons includes in the study 50 % of them are on the level of read & write. Of the thirty participants 33.4% of the respondents were completed 12 grades. The rest 2 (6.7%) of the respondents hold certificate and 6.7% have diploma. Of the respondents only 1 (3.3%) has master's degree. Generally, most of the elderly who have been living in the study area have the capacity to read and write.

4.3. Factors Affecting the Living Conditions of the Elderly in the Study Area

Regarding factors associated with the living conditions of Elders in the study area, the researcher categorized into different items to systematically to meet the study objective. The associated factors with the living conditions of elderly in the study area include economic (income), social, health care, housing conditions. This section was analyzed the factors affect the living conditions of the elderly in the study area.

4.3.1. Economic / Income Conditions

In accordance with sustainable livelihood approach (SLA) this thesis tried to assess the financial assets by the old people in Lideta Sub-city woreda 8. Being an economic resource base in general, in the urban context characterized by commoditization of virtually everything, income (financial) assets are indispensable for sustaining livelihoods. It serves as a means accessing income opportunities, or stocks that are at the household's disposal and to regular inflows of money.

From the study participants 50% of them their source of income was permanent employment before the age of 60, 30% of them were obtained from daily laborer and 10% of them from petty trade. The

rest 10 % of the participants have no fixed income as shown in the table below. According to the respondents before the age of 60 the income they gain was enough to cover their needs since the living cost at that time was low compare the current situation which is extremely high.

According to the key informants’ response, “the income they gain currently is greater than before but the living cost is very high so they faced to poverty”. In the study area some elderly have the ability and they wants to work after they leave their permanent job (after 60 years) but within woreda or sub-city they do not have a chance to be employed. According to the respondents almost 70% of them are ideal and there was any means to generate additional income to supplement their expenses. Only the rest 30% of the respondents gets income from patty trade, safety net and pension. Monthly income from contributory pension schemes range from Birr 500 to 1500, this is very small amount to cover the current living costs. Employee social security in the form of retirement income or transfers has no contribution to non-contributory or social assistance transfers as there is no public social security practice in Ethiopia so far.

Table 4.2. Income source before and after the age of 60

No	Main Income Source	Before Age of 60 (n= 30)	%	After age of 60 (n= 30)	%
1	Daily Laborer	9	30	0	0
2	Permanent Employment	15	50	0	0
3	Patty Trade	3	10	1	3.3
4	No Employment	3	10	21	70.0
5	Urban Safety net	0	0	3	10.0
6	Pension	0	0	5	16.7
	Total	30	100	30	100

Source: Own survey 2020

4.3.1.1. Pattern of Savings

Two categories of savings are common in the urban context in Ethiopia: group-savings in terms of self-help groups (SHG) at micro-institutions. Informal group saving are pervasive in Ethiopia of which is commonly known group saving is called *eqqub or ekub*. Group saving is not necessarily generated from surplus income, but it may indicate gratification of consumption. During the survey period elders totally disuse the benefits of *iqub (ekub)* because of lack of cash to participate. They knew the importance of *iqub* but they did not save in these most important and widespread associations as far as they do not have regular income.

An analysis of saving pattern of the elders in the formal banks or saving and credit institutions indicates that about 10 (33.3%) of 30 respondents have monthly saving practices.

Table 4.3. Monthly saving practices of surveyed old people in Lideta Sub City woreda 8

Amount saved(Birr)	f	%
3.00	1	3.3
10.00	1	3.3
15.00	1	3.3
50.0	1	3.3
100.00	4	13.3
200.00	1	3.3
500.00	1	3.3
None	20	67.7
Total	30	100

Source: Own survey 2020

Services provided by indigenous institutions are conditional to membership and membership contribution. Member HHs to acquire more intangible social assets such as participation in traditional funeral and burial societies (*iddir*) and traditional work groups (*debo*), as well as to make contributions to mosques and churches(USAID, 2008). In the urban context *iqub* is a traditional “savings and loan” association in which the sum of each member’s small regular contribution is made available to each member in rotation, providing each contributor with a onetime sum of money which is larger than they could possibly rise alone. With the sum of money households finance business, or non-business investments.

Two reasons are singled out from study. Old people worry about burial ritual after their death, because funerals and burials are communal activities in Ethiopia, and it is important that the community participate in the ritual. Members of an *iddir* pay a small fee into a fund that prepares food to mourning days, tents, canvas for the roof of shelter, a barrel to hold drinking water, and other necessities so that the family can grieve properly and the deceased can be buried in dignity. Secondly, financial and material supports are channeled through these traditional associations, hence, becoming member of these associations gives confidence to old people.

4.3.2. Social Conditions

In the sustainable resource livelihood (SRL) model, social capital assets are the social resources upon which people draw in pursuit of their livelihoods. The growing literature identified a variety of social assets: networks, membership of groups, relationships of trust, and access to wider institutions of society (Woolcock and Narayan 2002). For this study, the old people’s social capital has been measured from three perspectives: network and association membership, a feeling of trust and safety, and help in emergencies.

From thirty questionnaires shown in the table below, 29 of them or 93.4% of them have iddir. This indicates that *iddir* pay a small fee and they believe that to be member of these associations gives confidence to old people. The next highest number is Lideta sub-city Elderly association. That is 70% of respondents were members of these association these is because of they believe that it facilitates enabling environment for old people so as to they wants to participate in local social and economic development activities.

The elders who participated involved in the study, the key informant interviews and the researcher observation revealed that traditional and age based associations have immensely contributed for more socialization of the elders through emotional support, information sharing, recreational and psychological supports. The elders who have no close relatives, or separated from their family have used traditional associations, community based associations, peer group and close friends in networking and their problem solving immediate contacts.

Table 4.4. Elders Participation in Associations

Membership		f	%
Idirrs	Yes	26	86,7
	No	4	12.3
	Total	30	100.0
Old Persons Association (OPA)	No	6	20
	Yes	24	80
	Total	30	100.0

Source: Own Survey 2020

4.3.2.1. Help in Emergencies

Due to the high vulnerability condition of the elders' in Lideta Sub-city, it is likely for old people to face frequent emergency needs particularly health and income shocks which are prevalent. Depending on the low level of social bond, these people depend on their own efforts to respond to emergency issues. The key informants and the target participants responses clearly reflected as the elders were mostly depended on their own solution rather than waiting for external support as it is not dependable. The study was also attempted to assess vulnerability of the elders in terms of financial support and they were asked this question: *"If you suddenly faced shortage of money, how do you fill the gap?"* *"The respondents replied that 90% of them would opt to take from bank/ saving from their meager resource and 10% of them responded as they don't have option except selling their limited asset they have.* The participants were also reflected their response on lending money from people whom they knew. The respondents indicated as there were no any persons who are willing to lend them money. The main reason they pointed out is that their neighboring or friends would think they do not have the capacity to pay back the money. And the social bond they have at this time is very low. One of salient findings of this research is that the interaction between people is becoming loose and when it compared with some years ago. These is because of the living cost of the country is dramatically increasing and the present system also gives low social values to elders. The respondent elders were expressed to researcher as the income they earn is not for their survival from a month to month. As a result, the elders pushed to begging to fill the gap to survive.

4.3.3. Health Conditions

Another factor which affects the living conditions of elders in the study area includes health care of the elders. According to these findings as the data shows 56.7% of the respondents have health

related problems. The rest 43.4 % of them are healthy. This indicates that majority of the respondents have one or pooled health problems as shown in the table below.

Table 4.5. Health Conditions of Respondents

Respondents ' response		f	%
	Healthy	13	43.3
	Disable	2	6.7
	Hearing impaired	2	6.7
	Mental disorder	2	6.7
	Other(Asthma, Urine, etc)	10	33.3
	Diabetic, Blood Pressure, etc	1	3.3
	Total	30	100.0

Source: Own survey 2020

According to the respondents' responses and the researcher's observation, susceptibility to health risks is accelerated by hazards such as poor housing, lack of sanitary facilities, defective water supply or inadequate waste and sewage disposal. People living in poor housing facilities suffer from cold and problems posed by burning intoxicant materials indoors, like plastic and garbage. Unclean and limited water supply and food insecurity do not help to improve the situation. Persons living in areas without close access to basic needs and services are particularly vulnerable to health risks.

4.3.4. Housing Conditions

The other factor which affects the living conditions of elders in the study area is poor housing. Housing is one of the basic needs which human beings are required to lead a quality life. Housing in urban

areas is certainly the most important physical asset that the individuals can possess, as it can be used productively and eases pressure on living conditions of people. According to the respondents of this study, most of the elders 23 (76.7 %) live in government (Kebele) houses while only 4 of 30 respondents (13.3%) said they live in private houses and the rest 2 of 30 respondents (6.7%) live in the rented house from individuals and finally only 1 of 30 respondent (3.3%) lives in the house got from family. According to the feedback of the respondents, the key informant interview and researcher observation, majority of elders live in Kebele houses (government) than private houses as indicate in the table below.

As the researcher observation from house to house most of government (Kebele), houses are not comfortable for living. The houses of elderly are tied each other, and partitioned simply by wall, lack adequate rooms for living and facilities. The observation and the responses of the participants strengthen the idea of the elderly living conditions is significantly affected by their housing conditions.

According to literature, Government provision housing to the poor deserves credit where 45% are rising in Kebele housing. Most of the kebele's house dwellers reported that they were provided in the previous government during the post 1991 due the socialist welfare policy exercised at that time. The problem of housing regardless its quality remains a critical factor of vulnerability to elderly. Significant portion of the elderly groups are believed to live in or around compounds of churches. (Mussie 2006). House ownership, has long since been considered a fundamental productive and reproductive asset in the study of urban poverty (Moser, 1996).

Table 4.6. House ownership and quality conditions

House ownership/ quality		Frequency	%
Legal owner	private	4	13.3
	Kebele /government	23	76.7
	family grant/co-resident	1	3.4
	slum (rent)	2	6.6
	Total	30	100.0
Wall condition	mud	20	66.7
	stone	3	10
	Cement	2	6.6
	other	5	16.7
	Total	30	100.0
Ground condition	mud	6	20
	cement	19	63.4
	Lumber/wood	3	10
	other	2	6.6
	Total	30	100.0
roof condition	corrugated iron sheet	12	40
	Cement	3	10
	other	15	50
	Total	30	100.0

Source: Own survey 2020

Respondents also asked to list other productive and household assets which they currently own. Table below presents old people access to basic water and sanitation services. Studies concerning urban poor underline that they are vulnerable to typhoid, diarrheal diseases, cholera and intestinal

worms from contaminated water and food as well as diseases associated with poor drainage and garbage collection. This also affects their health condition. However, from key informant the approached elders are less vulnerable communicable diseases or water-borne diseases. This is because, regardless the source, they use safe water supplied by the government.

Table 4.7. Access Water and Sanitation

	Access to Water Supply				Access to Latrine(Toilet)		
Type of Service	Own	Purchasing	Bono	Gift	Private	Common	No latrine
%	66.7	6.6	23.4	3.3	26.7	60	13.3

Source: Own survey 2020

Looking at water sources for drinking and other household use (bathing, cooking, and washing household equipment's), only 66.7% of 30 respondents have private taps or co-owned. Despite their income impoverished situations, a slightly less than half respondents reported they buy water from neighbors or public distribution point which is traditionally called 'water bono'. Regarding latrine or toilet service 60% of the participants use common, 13.3% and 26.7% of the participants has no latrine and has private latrine respectively.

Table 4.8. Entertainment & Communication Facilities

	Frequency	%
1. TV	11	36.6
2. Radio	0	0
3. Tele /Mob	0	0
4. None	3	10
5. 1&2	1	3.4
6. 1&3	15	50
Total	30	100.0

Source: Own survey 2020

The researcher tried to include in the study the above table information as these facilities are important to have current information, education, entertainment, and shared vision about their country situation at their home as the target group is physically and health, and financial capacity is weak to opt for other accesses.

4.4. Factors more affected the elderly living conditions in the study area

According to this study finding the most common factors that affect the living condition of elderly in the study area were income which accounts for 19(63%) which was followed by health related issue 5(17%), housing problem 3(10%) and social support 3(10%). On top that the elderlies living in this study area have no own source of income. As depicted in the above finding income/ economic condition is the major challenges that affect the living condition of the elderly in the study area this

is caused by the inadequate income they gain which is not enough to lead their life from month to month that is more aggravated by the current living cost of the country.

4.5. The belief, attitude and experience of elders on improving their Living Conditions

Based on the interview data collected from the elders, most of the elderly in the study area are strives to improve their living condition in many ways. As expressed by one of the respondents whose age is 60 years old:

“I like to improve my living condition by doing different types of job, I have the ability and experience of doing job but I couldn’t get the chance to do so and I faced many challenges here.”

This is true for other elders too, particularly for those who have the experience and the potential at this time and those who had government jobs related experience before the age of 60. Those who haven’t the experience of governmental job also have their own reasons that make them to believe to improve their living conditions.

According to one of the respondents indicated in his interview that one day he went to Lideta Sub-City, Woreda 8 Labour and Social Affair Office, he asked for job that fit to his education and experience. Then he registered to take the training. Though this man has taken the training, he didn’t get any job still now. He explains the situation in this manner:

“I have participated in the training, I hoped to have a job, now, I prefer to go on the street and begging and go to one of my children home for help rather going go their office. After the training everything is changed in the government office, there is one rule which says if someone doesn’t have any kind of job he/she has to have a card which proves his/her

unemployment. The government policy restricted to the age of employment from 18 – 59. Unfortunately at that time I was 65, so I missed the opportunity. But still I have the belief this may be changed through time.”

Elderly residents of Lideta sub-city woreda 8 expressed their life experience and belief positively. Some of the point's indicated by the elders in Lideta sub-city woreda 8 includes:

“Life is very short; my source of income is the pension that I get from the government. But it is not enough because the living cost of the current situation of the country is very high. The government gave us only hopes but we didn't see anything to change our life conditions. So, my attitude to change my life situation is also changed.” An elderly man whose age is 70 years old.

The following 75 years old elderly woman was purposefully included in the study. She has been leading a decent life with her family. Finally she decided to beg because life for her comes to be difficult.

She describes her experience in the following way:

“Life is becoming difficult, because I have a grand children who haven't mother & father and my source of income only pension of my husband and it is not enough for the family. In our country our life situation is becoming changed. Formerly the social bond we have as a country is very high, and if I want something I simply take from my neighborhood but through time it becomes changed. You see the belief I have before some years is changed.”

These voices of the elders indicate that, as compared to their previous belief, attitude is changed, elders knowledge is a capital asset for one county, if we accept use them purposely. Starting

from giving moral for them up to financial support we simply save their life and our country too because they are one parts of our country.

4.6. Support for the elderly

4.6.1. Expressive Types of Support

Family members and close persons or friends providing support are typically known as informal caregivers; older adults receiving support are referred to as support receivers or care recipients. In the study context, the tradition of family support giving or informal support giving to older adults is longstanding, and it is broadly defined as unpaid assistance provided by relatives and friends to the elderly who is unable to perform important tasks of daily life, such as meeting personal needs and household necessities.

4.6.2. Social Support

In terms of social interactions and relationships, elders were with family members and relatives who are relatively weak compared to that of other community members. In the former relationship, elders exercised participation in market center activity, and holiday ceremony. However, these days' elders are highly dependent on social support for almost everything. Some of the social support mechanisms extended to elders by community members and various religious followers are meal provisions, visiting, greeting, advising, and provisions of sanitary service like washing their cloth, massaging, caring and moving frail elders and some other services. The elders expressed their concern that social mobilization and community participation for elder's common goal involvement is decline. Among the number of key informant interviewees, most family-based care givers expressed that elders have no connection and close relation with their community members. They

did not participate in such giving and receiving relationship of the community matters as they were assisted dwellers and lack of private property to exchange social living.

According to United Nations Population Fund (2002), as cited in Bohman (2007), the essential issue connected to ageing populations in developing countries is lack of resources, and supportive mechanisms. Social protection programs can reduce people's vulnerability to the shocks and stress of life such as disability, illness and lack of support. However, the absence of social protection programs can push people further into poverty. As it was discovered through this study, elderly people who have no support are further pushed deep into poverty for they have no support from their children or from the government, and rely on begging.

The elderly in context are confronted with a wide range of economic and social problems. Social welfare and social services are still at an infancy level and. As a result, these groups of people are suffering from the lack of basic necessities such as food, clothing and shelter. Poverty is considered as the underlying cause to all existing social and economic problems as reported by the study participants. As the economic structural theorists put it, the government is to blame for not providing even a minimum public pension scheme. As Bradshaw (2006) put it the economic structure of the country has restricted people to the limited opportunities and resources with which to achieve a secure income and wellbeing. Particularly elderly people, given their age and the state of their health find it extremely difficult to survive.

4.6.3 NGOs and CBOs Support

This assessment results showed in Ethiopia, particularly in Addis Ababa there are a number of institutions that provide services for vulnerable adults, including the old people. Some of the assistances are shelter, income generating programs and community based projects. According to the key informants, target participants and the researcher observation, Agar Ethiopia, Kibre Aregawiyen Migbare Senay Direjit, and People to People (USA), are prominent ones in assisting elders. The others include Andi birr le and wogen, Abro adeg meredaja iddir, Addis Ababa City Older Person's Association, Lideta sub-city Older Person's Association.

The researcher found that social assets in the form of familial and group relationships, and financial support are essential for elderly people's living condition. Most of the elderly have very limited access to financial assets, apart from the few who receive social assistance. And birr le and wogen support program makes a very small but appreciated contribution. Community- support during holydays and they used by support groups. The association mobilizes local resources in kind (cloth, food ingredient, house maintenance etc.) and finance and channels to the old age through respective affluent. Furthermore, the key questions that need elaboration at this point are many. But few of them are imperative to explore them. *Which networks or groups do you typically rely on to resolve issues of daily life? What are the strengths and weaknesses of existing initiatives?*

“According to the informants despite positive outcomes, the initiatives are not sustainable, adequate and inconsistent. Most of the initiatives are supporting the elders during holydays so, there is no consistency. But as strength in our district and birr le and wogen and Abro adeg meredaja idirr have more strength from the rests above.”

The researcher observes the elderly houses and their living conditions. Most of elders in the study area have the potential to work but they didn't have the access to work and change their life. So if the initiatives have to facilitate the chance to do and change their life too rather than helping daily life, they have the potential if they have the chance.

Despite positive outcomes, the initiatives are not sustainable, adequate and inconsistent. According to key informant from elder's association guidance of the district:

“When I started from the strength of the existing initiatives, all of them are started to support the elderly by their own initiative and by their own capital specially and birr le and wogen. And as a weakness, the supports they give the elderly have no consistency (it is only for short period of time).”

This indicates that the initiative that supports the elderly in the study area, starting from their idea it is a good thing to help who is vulnerable in the community. But the support has no continuity those marginalized group of people are not leave from household poverty. Because the support they have is not enough.

4.6.4. Emotional Supports

There are many emotional effects of aging. For instance, older adult tends to be more emotionally stable than their younger counter parts. They also tend to focus more on good things in life. Nevertheless, as we start to new challenging in life, we require new support. Old age can bring many kinds of challenges. So what are the emotional needs of the elderly? For instance, it's no secret that elderly people are more vulnerable.

Many people associated getting old with changes in body function. But not many recognize there are also emotional changes that come with age. To take things more difficult, the changes brought on by natural changing may be joined by other challenging circumstances. But understanding more about the emotional needs of the elderly can be great step towards helping to provide the best possible support you can. *The question asked for key informant, what are the pressing needs that you have as old aged people which need to be urgently addressed?*

From Lideta sub-city elders association, manager of the association describes:

“According to my opinion elderly urgently needs four type of support. First we need a moral support. The elderly wants to a person to be says I am with you. The second support is health support; we need the health support to assess freely. The third one is we need free transportation (without payment). And finally the pension we gain from the government is not enough so, have to be increased because the living cost of our country is becoming very high.”

These voices of the elders indicate that, elders who are living within the study area needs the above support urgently. As we know moral support is one type of support, because every support is starting from by giving a moral for the needy people. And the researcher finds out if the above supports are addressed or not. When we see health condition the elderly in the study area need free health assess (without payment) there are binging’s from the government to help elderly in terms of health but it is not enough. In the study area old people need free transportation also according to urban safety net program they are registered to gain free transport but still now it is not applicative. In terms of pension the government tries to increase the payment but still it is not enough or does not solve the living condition of elders in the study area.

4.6.5. Economic Support

Most elderly people in the study context spend their daily life engaged in the informal and labor intensive activities but now that they are old and weaker so that they can no more subsist on that. They are too poor to rely on the market and have never been public employees. Hence they are excluded from the government's old age pension scheme. This means elderly people are unable to secure any income whether it is in the formal or informal labor market mainly because of their age and their poor health. As a result of this, it is vital for elderly people to have system or someone who takes care of them when they can no longer obtain income.

Therefore, often maintaining family relationships especially with their children is the only means of survival and for this they must remain active for as long as they possibly can. Furthermore, as proponents of activity theory argue in order for society to continue to function it is imperative that its older members remain active (Bond et al, 1993). Hence, by making the elderly active, it is possible to make sure that happens in the community.

Another way of understanding the activity theory in relation to income support besides its role in encouraging the elderly to stay active in the job market is also the importance put on maintaining relationships among kin. This makes it easier for the elderly people to hold a reciprocal relationship within the kinship network. The elderly can perform services for the young family for example. In exchange, the young can provide housing and food services. On the contrary, the reciprocal relationships have been eroded, for example due to poverty, elderly people are forced they will be able to engender their own income which enables them to support themselves.

An old man from woreda/ district 8 explained:

“Within our woreda the elderly urgently needs food support because some of old people have food problem, from the government they gain only 215 birr by through urban safety net by direct support but it is not enough from month to month so, they simply go to the street & begging to fulfill for the need of food.”

Food is one of the basic need which human being are need for the survival. So to fulfill these basic need human beings are try to do whatever because it is a basic need. So according to document analysis in the study area starting from 2010 E.C there was a program started to help the needy people including elderly who are living in district. The main purpose of the program is to help the marginalized group of people. So elderly are also one of the marginalized group. Its main purpose is to support those people in terms of food. From the beginning the program can give them 70 birr for one household but now it was increase in to 215 for one household but still it is not enough because of the living cost. The income they gain and the ingredient they buy for food is not much so they face food problem.

Most of the respondents explains there are many types of support which those elderly urgently need from those need like, cloths, food, health, houses (house maintenance) because some of the elderly in the study area their house is becoming collapse.

According to expert of labour and social affairs of district 08:

“To solve elders housing problem, we try our best every year. These can be done first by differentiating who are those people whose house is becoming collapse. Then by gathering the finance from the district affluent and try to solve their housing problem. This can be done for those who are living only within the district.”

The researcher observed some of the elders house is becoming collapse so, they need maintenance. House (shelter) is one of the basic need which human beings need. So in the study area there are some houses which are maintained but it is not enough.

4.6.6. Health support

Both government informants and beneficiary respondents regarded to the present public health provision practice. Paupers or poorest of the poor who can issue a certificate (supportive letter) of pauperism from their respective local administrations (woredas/ kebeles) can get free medical service in government owned- and-operated health posts, health centers, and even hospitals. Accordingly, about 45% of respondents received free health service at least one in 12 months back the survey period. Most of these services are provided by the nearby district health centers. Furthermore five person reports they received free medication from government hospitals like, Police Hospital.

According to Lideta sub-city labour & social affair office key informant, elders who have physical disability and who are living within the sub-city can accept a latter benefit physical support from Addis Guzo (NGO). Criteria to benefit this physical support is to be member of Lideta sub-city elders association and have to be approved whether they are poorest of the poorest by the leaders of elders association of the district.

The researcher asks to answer, *what do think need to be done both at local level and national level to ensure that old aged people attain a sustainable standard of living?*

Key informant, old man from Lideta sub-city elders association explained:

“First of all questions of the elderly have to be answered. Those questions are: about moral, about the place to work and create work by our standard, we need a center which all elders coming together and sharing our experience, we need governmental elder’s center, so if those questions are answered we attain a sustainable standard of living in our country.”

This shows that in our country there are many questions of elderly to be answered. So if those questions are answered that is one way of sustainable standard of living. Those questions can be answered by the government by holding the community through every activity to bring sustainable standard of living for the old people

According to the respondents in the study area:

“We asked every year many questions to change the living condition of elders but answer we gain is only hopes but, we need permanent support rather than daily, permanent support can change our living condition.”

According to the researcher, in view of the old people, the national policies and strategic plans seem to be far from realization. Ethiopia is considered one of the fastest growing countries over the last decade. However, successes recorded in the country have ignored the issues of old people. If development policies are both equitable and successful, increased employment and taxation should have enabled formal pension and social security systems to non-contributor older people thereby provide sustainable means of livelihood for the elderly. This strategy integrates both right based and livelihood approaches to transform the destitute to dignified and longer life.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1. Conclusions

This thesis has pursued diverse key objectives to favorably respond to the research questions. The assessment of factors affecting the living conditions of elders in the study area. The assessment of the belief, attitude and experiences of elders on the method of improving their living condition were explored. The major challenges of elders living conditions identified and finally, the implications for policy and practice were drawn out.

The data were collected through questionnaire, key informant interviews and observation. The questionnaire was used for thirty elders who live in Lideta Sub-City Woreda 8 for long years. The rest ten key informant interviewees include manager/deputy manager of Lideta Sub-City Woreda 8 Elder's Association, leaders and experts from Lideta sub City Labour and Social Affairs Office.

According to these findings there are factors which affected the living condition of elders in the study area. Those factors are economic/ income condition of the elderly, housing condition, health condition and social condition of the elderly in the study area. The questionnaire and the interview result show that the sources of income they gain before the age of elderly can affect the current living condition of the elderly in the study area. Similarly, the housing condition also affects the living condition of the elderly. That means the current situation of the house is not suitable for life. As the finding shows, majority of the elderly in the study area are living in Kebele bet (government house) rather than the private as we all know those government houses are not suitable for life especially for the elderly. According to the study, the elderly people that were interviewed did not have the opportunity to live their lives as they wished because they are poor. The interviewed elderly

persons reported that they spent most of their lives engaged in labor intensive activities. As proponents of activity economic strength theory argue, by making the elderly active they would be able to generate their own income and support themselves longer. In addition to its economic benefit activity theory also plays significant roles in preserving kinship relations. But, the problem is that those who cannot remain active due to illness or disability cannot benefit from this and they suffer even more. So, as the finding shows majority of the elderly in the study area are unhealthy. This shows that because of health situation the living condition of the elderly is affected. The social bond they have in the society is also affecting the living condition. According to this finding because of loss of social bond they have each other, the living condition also changed. This concluded that all the above factors can affect the living condition of elderly in the study area.

The interview results showed that the elderly have the belief, attitude and experience to change their living condition, then to change their living condition they can do many things but the elders policy of the country are play insignificant role in changing the belief, attitude and experience of the elderly in the study area.

Generally elderly are one part of marginalized group of society and their life is becoming worsening because their living condition is affected by the above factors, so their life is becoming worsening because of the above factors so, they need support. As the finding result shows those supports are social, emotional, economic, health support. But urgently they need economic support.

The specific recommendations are outlined below.

5.2 Recommendations

It must be noted that this study is not representative to the urban livelihoods of elderly people. However, extensive review of global and local studies is undertaken to triangulate information obtained from field survey. Among the recommendations in the study are the following:

Recommendations to Policy Makers

- The City Government Administration of Addis Ababa should formulate a separate policy and social security for non-contributory and non-pensioner poor elderly people. The policy should be designed in a way that responds both survival and sustainability living condition of the aged people and their dependents.
- The government should formulate standard of operation that articulates the minimum support packages, and strategies to guide the programs aimed at mitigating the impact of socio-economic challenges the elderly people face;
- The researcher recommends promoting more intriguing, creative and flexible, scalable, and sustainable income generating programs for those elderly people who are able and willing to work.
- In the short to medium term, expansion of the social assistance programs by CBOs/ NGOs must be prioritized, as it is vital to the most vulnerable.
- Finally, the researcher firmly supports the following recommendation provided by research participants, including the elderly themselves.

Recommendations to Social Organizers:

- Put into practice older people social protection policy and action plan

- Community mobilization to give dignity and respect and give priority for elders for all in all services; Empower the elders to give /share wisdom acquired from their experience in oral or written document, leadership, participation,
- Creating a space and promote participation in decision making process in their respective local administration
- Give chances to participate in any country issues
- Develop problem solving mechanism by empowering elders to help each other (elders by elders) in economic, socially, etc.
- Give award for elders for whom they contribute good things for community

Recommendations to Social Workers and researchers

This is an important area to be focused in field practice to have knowledge in the area to serve elderly in the community based on social work values.

- Pay attention to social protection of elderly to pursuit of social justice and equity.
- The academic institution should have in their curriculum theoretical and skills required working with elderly and providing quality services delivery, practice and policy formulation.
- The findings of the study initiate for more in-depth future researches on elderly issues such as economic, health care, shelter, social, income generation activities as well as policy issues to solve the problem of the elders at national level.

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Appendix I - Questionnaire

Program: Masters in Social Work

Research title: **Assessment of factors affecting the elderly living conditions in woreda 8, Lideta Sub-City, Addis Ababa, Ethiopia**

Questionnaire to be filled by woreda 8, Elders

The researcher has developed this questioner to assess the factors affecting the elderly living conditions in woreda 8 lideta sub-city. As you are one of elder who is living in lideta sub-city woreda 8, I would like to kindly ask you to fill the questioners. The purpose of this questionnaire is to collect reliable data for the study of assessment of the factors affecting the elderly living conditions in woreda 8 lideta sub-city.

Confidentiality and Consent

Your answers are completely confidential. Your name will not be written in this form and will never be used in connection with which you tell me. You do not have to answer any question that you do not want to answer and you may quit at any time you want to. However your honest response/answer to these questions will help us better understanding about factors affecting the elderly living conditions in woreda 8 lideta sub-city. I would like to appreciate your commitment in responding to this questionnaire.

Questionnaire to be filled by selected woreda's Elderly

1. Personal Background

Age _____ Sex _____

2. Educational Level

Please specify your education level by circling from the following list

A) No education B) Reading and writing C) Complete Grade D) Certificate E) Diploma F). Degree G) Masters and above

3. What is your age range? Please circle one

A) 60-70 yrs

C) 75-80 yrs

B) 80-85 yrs

D) above 85 yrs

4. How long have you been lived at Lideta sub-city? Please circle one

- A) Less than 20 years
- C) 40- 60 years

- B) 20- 30 years
- D) above 60 years

Human capital

5. Health Status

- A. Healthy
- C. Physical disability
- E. mental disorder
- G. other -----
- B. Hearing impaired
- D. Sight impaired
- F. other (e.g., sinus, urinogenital down, etc)

Financial capital

6. What was the main income source before the age of 60 years (multiple answers possible?)

- A. Remittances
- B. Daily laborer
- C. Permanent salary (gov't)
- D. Permanent salary (private)
- E. Small Trade
- F. Had no own income
- G. other

7. Do you make any savings?

- A. yes
- B. No

7.1 If yes, amount per month Birr. _____

Physical Capital

8. Current house ownership (multiple answers possible)

- A. Private
- B. Rented
- C. Kebele/gov't
- D. Gift from family
- E. Institutional service
- F. Live with friends

9. Major materials used in constructing main house

- Wall A. Mud B. Cement C. stone D. other
- Floor A. Mud B. Cement /tiles C. Wood D. Other
- Roof A. Thatch B. iron sheet C. Cement D. Other

10. The house you own is used for:

- A. Residence
- B. Business
- C. Both for residence and business

11. The age of the house

- A. below 20 years
- C. 20-40 years
- B. 40-60 years
- D. above 60 years

12. How many rooms do you have in your household? -----

13. Your toilet and bath room:

- A. Separate C. No toilet and bathroom
B. Common D. other (specify) _____

Utility

14. What is/are the sources of water for household consumption?

- A. Private – piped C. River
B. Buy D. Communal /bono E. Other (well, gift, etc.)

15. Your kitchen:

- A. Private and modern type (indoor) B. Shared but modern type (outdoor)
C. Traditional and private (indoor) D. Traditional and shared (Outdoor)
E. No kitchen of any kind

16. Current household assets

Entertainment /Communication

- A. TV B. Radio C. phone (fixed or cell)
D. other E. none

17. HH furniture A. Bed B. Chair C. Table D. Other E. None

Natural Capital

18. Do you have the following assets?

- A. garden / agricultural land B. Livestock (Cattle, sheep, goat)
C. chicken D. Trees

Social capital

19. Membership Idir A. yes B. No

19.1. If no, why not? State Reason _____

20. Equb member A. yes B. No

20.1. If no, why not? State Reason _____

21. Are member with organization or association A. yes B. No

21.1. If yes, type of organization? _____

22. What will happen if you cannot afford to continue you contribution in the association?

- A. Membership will be cancelled and lose related benefits
B. Nothing will happen maintain membership and get benefit
C. Don't know

23. If you need money critically, what do you do?

- A. Borrow from neighbor
- B. Ask from child/relative
- C. Begging
- D. Sell assets
- E. Bank/savings
- F. Not applicable

24. How do you feel about your social acceptance in the community as old people?

- A. Increased
- B. The same as before
- C. Decreased (because less productive)
- D. Explain -----

Institutional support

25. Any formal support received in the last 12 months A. yes B. No

25.1. If yes, name of the organization (s)

- A. -----
- B. -----

26. Type of support A. Financial B. Food C. Medical D. House

E. other _____

27. Did you happen to ask any formal support in the last 12 months?

- A. yes
- B. No

27.1. If yes, purpose of your request _____

27.2. If yes, what was the outcome? -----

28. What is the main challenge that you are facing as old aged person?

- A. Housing
- B. Income
- C. Social
- D. Health
- E. Other, if any -----

29. In your view, do you think these challenges can be overcome by yourself? Whom responsibilities are these?

Thank You

Appendix II- key informant interview

1. Is there any assistance that you receive from the Government? If yes, in what ways and how is the assistance helping you?
2. Are there any formal or informal group, association, and network devoted to helping old people? What are their strengths and weaknesses?
3. Where do you get income for survival?
4. If the above answer is yes which networks or groups do you typically rely on to resolve issues of daily life?
5. Access to local institution, organization and services
 - Health
 - Education and training
 - Recreation
 - Administration and justice
6. What are the pressing needs that you have as old aged people which need to be urgently addressed?
7. What do you think need to be done both at local level and national level to ensure that old aged people attain a sustainable standard of living?

Thank You

Appendix IV- Observation Check list

This observation was indented to supplement other tools of data collection such as household key informant interview. The researcher produced questions for making and recording on relevant data on some real-life situation and events that contribute to the achievement of the study objectives.

St. Mary University Graduate School of Social Work

I. Background information

1. Woreda/kebele _____
2. Village/*ketena* _____
3. HH name _____

II. Respondent's situation

1. Occupation (main source of income) _____
2. Self-employment creation: increased _____ No change _____ Decreased _____
3. The elderly is supporting children/grandchildren: Yes _____ No _____
4. Monthly income: Increased _____ No change _____ Decreased _____
5. Food Consumption compared to average household in the kebele: adequate
_____ below needs, but sufficient for survival _____

Not adequate at all

(Observation made on available stock food items or serf-reported cash allocated for food)

6. Personal and family Education after 60 years old
Improved ___ No Change ___ Decreased _____
7. Health care service: Improved _____ No Change _____ Decreased _____
8. What resources (land, labour, capital, etc) does the household have to make a decent living?

9. What resources do they need to make a decent living?

10. What indigenous technologies do they have?

III. Housing/Shelter Conditions

- 1. Grass roof: Yes _____ No _____
- 2. Corrugated Iron sheet roof: Yes ___ No _____
- 3. Kitchen Yes/No ___
- 4. Separate room for dining and sleeping Yes/No ___
- 5. Wooden bed and mattresses Yes/No ___
- 6. Dining chair/Table Yes/No ___
- 7. Radio, TV Yes/No ___
- 8. Mobile/fixed phone Y/N

IV. Water and sanitation Conditions:

- 1. Clean Water source available Yes/No ___
- 2. Water source: private/shared _____
- 3. Toilet: Yes/No ___ shared _____ private _____
- 4. Type of toilet: Traditional/ improved _____

V. Health condition:

- 1. Healthy and good looking: Yes/No ___
- 2. Problems (e.g., impairments, disability, blind, etc.): _____
- 3. Chronic severe disease (bed-ridden) _____

Overall comment made by the observant

Thank you