

The Case for Universal Pensions and Care for the Elderly People in Zimbabwe*

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Abstract: Provision of universal pensions for the elderly people is a global trend and the pensions are intended to enable elderly aged 60 years and over to meet their basic human needs. This study triangulated documentary review and qualitative data collection methods (using in-depth interviews, key informant interviews and case studies). The objective was to collect information on the suitability of introducing universal pension provision for the elderly in Zimbabwe. The documentary review found that current pension provisions were not universal in coverage, were residual in nature and that there was no enforceable legislation covering the non-contributory pensions. Findings from the qualitative data collection found that the elderly both from the rural and urban settings were not covered by any pension. The means tested pensions provided for in the current legislation were not functional as there were no resources. The study recommends that a universal pension funded from the national budget line established by the Zimbabwe Government as a matter of urgency.

Keywords: aged, basic needs, disengagement, universal pension

Introduction

The United Nations has noted that the world over, the population ageing has continued to rise and that by 2050 it is expected that more than one in ten persons in sub-Saharan Africa will be aged over 60 years. The demographic profile of Zimbabwe based on the 2012 census results shows that the population aged 65 years and above was 3.7% out of the total population of 13 million people. The population ageing is noted to be growing and as men and women age, they continue to face growing poverty, hunger, deprivation, destitution and isolation. Human ageing brings with it reduced capacity to work, resulting in poor access to essential services such as health care and income support (Nyanguru, 2007). This potentially exposes the elderly people to become and remain poor. This has a potential negative impact on the whole family and calls for strategies to be found to target and protect older men and women and their dependants (Helpage International, 2004).

One of the tried and tested means of reducing poverty among the ageing population and providing support to multigenerational households was the introduction and provision of a basic universal pension for the elderly people (old age pension). This pension would target development aid to the poorest. Universal pensions can support local economies and facilitate redistribution of wealth and improve the institutional status of the young members of the house-holds with the elderly by supporting in areas like school attendance and improvement in health of all members of the house-hold (Nyanguru, 2007 and 2008).

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Some African countries have introduced large scale universal old age pensions to support their citizens aged 60 years and above and the countries include: Botswana, Mauritius, Namibia, Lesotho, Senegal and South Africa. The universal pension schemes for the elderly in Senegal and South Africa are reportedly means tested while those in Lesotho, Botswana, Mauritius and Namibia are universal (Helpage International, 2004).

Zimbabwe does not at present have a universal pension for its elderly people. The Old Age Pension Act of 1936 which was repealed at independence in 1980 to remove its racial discriminatory provisions has not been of much significant help to the indigenous elderly people (Kaseke et al, 1998). The destitute elderly were now mainly supported under the Social Welfare Assistance Act of 1988 where means testing is applied. The other pension schemes are provided on certain qualifying criteria like employment related pensions, Rehabilitation of War Veterans (provided under the War Veterans Act of 1992) and the National Heroes Dependants Assistance provided for under the National Heroes Dependants' Assistance Act of 1984.

Pension is generally a term used to describe cash income mainly for older and retired people and could include both contributory and non-contributory transfers of various kinds (Helpage International, 2004). In this paper " Universal Pension" is used to refer to non-contributory pension proposed to be provided to all the elderly citizens of Zimbabwe qualifying through attaining an agreed upon age, say from 60 years and over. Universal pension should be non-contributory and the basic argument is the need to cover every elderly citizen with income security to reduce absolute poverty and deprivation.

Theoretical Framework

This study is influenced by three inter linked theories which are: The Activity Theory, The Continuity Theory and The Disengagement Theory.

The Activity Theory

The Activity Theory was developed by Havinghurst (1968) and its main focus is on activity of the aged person. The theory is based on three main basic assumptions on ageing. The first assumption is that the majority of ageing people under normal circumstances will maintain a fairly constant levels of activities of daily living. The second assumption is that the amount of activities the individual engages in will be influenced by past life styles and the socio-economic considerations rather than by some intrinsic and inevitable processes. The third assumption is that it is seen as necessary to develop or maintain substantial levels of social, physical and mental activity if the ageing experience is to be a successful one.

According to the Activity Theory, if an individual is to achieve successful ageing, they have to be able to maintain the norms and activity levels or to near activity levels they used to achieve during their middle age years. The theory seems to imply that the ageing persons do not stop performing the roles they used

to play before retirement or disengagement or where they have no access to continue to play their middle age roles, they will compensate for the role loss by engaging in some other activities which provide satisfaction. The Activity Theory has been criticised for suggesting that old people judge themselves according to the norms related to the middle aged activity behaviour and yet do not explain what happens when the aged person fails to achieve the set standards. The theory is also criticized for failing to recognize and explain adaptation. Adaptation is explained to come about through the aged person's involvement in social activities outside and or including domestic and family life.

The Continuity Theory

The continuity theory is based on the premise that under normal circumstances older adults usually maintain the same values, attitudes, norms, behaviours, personalities and relationships that they developed as they were growing earlier in life (American Society on Ageing, 2007). According to the Continuity Theory, the manner in which an elderly person responds to the process of ageing is determined by efforts they make to try to maintain a continuity of their past lifestyle by adaptation of strategies that are linked to their past experiences (Atchley, 1989).

The continuity theory can be viewed from a functionalist perspective as a theory that focuses on the individual and how the individual and society attempt to create a state of equilibrium. Mamo (1996) viewed the Continuity Theory as being able to offer clearer explanation of aspects of ageing than the disengagement and activity theories combined. According to Schultz (1992) the continuity theory began with the observation that many aged persons display consistent performance in their activities despite that the ageing process alters their physical, mental and social status.

Quadagno (2007) notes that feminist theories criticize the continuity theory for viewing the world of normal ageing as if it applied to the male sex only. Furthermore the theory is criticized for its perceived failure to show how institutions in society affect or impact on individuals as they grow old.

The Disengagement Theory

The Disengagement Theory was developed by Cumming and Henry (1961). The theory explains that growing old is inevitable and that as people grow older, they tend to withdraw from personal relationships and contact with society on a gradual basis as the ageing progresses. Cumming and Henry (1961) say that the theory has nine postulates which are explained as follows:

1. Every person expects to die at some point and that one's abilities are likely to deteriorate over time, and as a result they will lose ties with others in society.
2. Since individual interactions between people strengthen norms, an individual who has fewer varieties of interactions has greater freedom from the norms imposed by interaction. Consequently, this form of disengagement becomes a circular or self-perpetuating process.

3. Because men have a centrally instrumental role in society and women socio-emotional one, disengagement differs between men and women.
4. The individual's life is punctuated by ego changes. For example, aging, a form of ego change, causes knowledge and skills to deteriorate. However, success in an industrialized society demands certain knowledge and skills. To satisfy these demands, age-grading ensures that the young possess sufficient knowledge and skill to assume authority and the old retire before they lose their skills. This kind of disengagement is effected by the individual, prompted by either ego changes or the organisation—which is bound to organisational imperatives—or both.
5. When both the individual and society are ready for disengagement, complete disengagement results. When neither is ready, continuing engagement results. When the individual is ready and society is not, a disjunction between the expectations of the individual and of the members of this social systems results, but engagement usually continues. When society is ready and the individual is not, the result of the disjunction is usually disengagement.
6. Man's central role is work, and woman's is marriage and family. If individuals abandon their central roles, they drastically lose social life space, and so suffer crisis and demoralisation unless they assume the different roles required by the disengaged state.
7. This postulate contains two main concepts, the first being that readiness for disengagement occurs if: an individual is aware of the shortness of life and scarcity of time; individuals perceive their life space decreasing and when a person loses ego energy. The second concept is that each level of society grants individuals permission to disengage because of the following: requirements of the rational-legal occupational system in an affluent society, the nature of the nuclear family and the differential death rate.
8. Fewer interactions and disengagement from central roles lead to the relationships in the remaining roles changing. In turn, relational rewards become more diverse, and vertical solidarities are transformed to horizontal ones.
9. Disengagement theory is independent of culture, but the form it takes is bound by culture.

The disengagement theory has been criticized for being paternalistic and male biased, for example, on postulate number six it defines the sex roles as fixed and that anyone not operating within the societal defined sex roles will face a crisis in disengaging from the societal roles they played before ageing set in (Madzingira, 2000). Despite this criticism, the theory is credited with explaining in an elaborate manner the way in which the ageing members of society disengage and pass on the baton to younger members of society. The process involves transfer of knowledge, power and resources from older persons to the young thereby guaranteeing continuity, but it also leads to eventual loss of independence by the ageing persons. While the theory was based on experiences in the western societies it does not elaborate on the experiences of the ageing populations in developing societies experiencing challenges of mass poverty and problems of disease pandemics and underdevelopment. The ageing persons in the developing societies may never fully disengage from life activities as they have to continue to fend for their survival.

Methodology

This study triangulated documentary reviews and qualitative methods (through using in-depth interviews, key informant interviews and case studies) to collect information.

Documentary Review

Documentary review involved collecting and analyzing information regarding pensions in Zimbabwe and information regarding pensions for persons aged 60 years and older.

Qualitative Method

In-depth interviews

In-depth Interviews were done with 6 elderly respondents (3 females and 3 males). Two elderly respondents, one male and one female were purposively selected from each site (Buhera, Marondera and Harare) and gave informed consent for the interviews.

Key Informant interviews

Key informant interviews were conducted in Buhera and Marondera (using a key informant guide). Two key informant interviews were conducted (one at each site).

Case Studies

Case studies were documented with some of the elderly who had participated in In-depth Interviews. Altogether two case studies were documented on the lives and experiences of the elderly persons regarding income and other support.

Study Areas

Documentary data for this study was collected in the University of Zimbabwe Main Library in Harare. Qualitative data was collected in Murambinda, Buhera; Kawondera Village in Chief Nyandoro's area, in Marondera District and in Harare (in Chinhoyi and Cameron Streets).

Findings

Documentary Review

Findings from studies by Dhemba et al (2002), Kaseke et al (1998) and Nyanguru (2007) on social security in Zimbabwe showed that there is a historical background which focuses on the pre and post-independence period; the formal and the non-formal social security systems and issues of coverage.

In the pre- independence period African societies' social security for the aged was the responsibility of the extended family system which catered for all the needs of the elderly persons. This secure family system was weakened by the advent of colonisation which depleted the rural communities of able bodied labour through rural to urban migration to the new cash but exploitative economy. The formal economy of Rhodesia, as Zimbabwe was called by the white rulers then, introduced the Old Age Pensions Act in 1936 but this was meant to benefit non-Africans only. In addition there were private occupational pensions which largely benefitted white workers as black workers were regarded as temporary migrants

to the cash economy who would return to the rural areas at the end of their working lives. So no meaningful old age pensions were provided for the black workers.

After independence the government of Zimbabwe set out to address the discriminatory nature of the formal social security programmes that existed. Changes were made to radically improve the administration and implementation of social insurance and public assistance. Services were decentralized to district level and services were extended to many people including those in the rural areas. There were and continue to be challenges in the social assistance services. The services continue to be residual in nature, they are means tested and in some instances the services are contribution based, like the pensions linked to formal employment. In addition there are limited resources allocated to the free means tested services.

Some of the pensions documented by Dhemba et al (2002) include: Presidential Pensions and Retirement Benefits (non-contributory) meant for those who would have served as presidents or Vice Presidents; State Service Pensions Scheme (contributory) for those employed by the state, this is payable when they retire; Parliamentary Pensions Scheme (contributory) paid to Senior Ministers, Deputy Ministers and Members of Parliament who would have served in parliament and Government for at least two sittings and be at least 50 years old and the Judges' salaries, allowances and pensions scheme (contributory) these are payable to judges and their spouses in accordance with the provisions of the Act governing their tenure. There are also other pensions that beneficiaries have to qualify for and these include: War Pensions (for those who fought in the Second World War); War Veterans Pensions, War Victims Compensation; Old Age Pensions (non-contributory but covering mainly those non-Africans who were receiving them before independence) and private sector initiatives.

The Zimbabwean Constitution as the supreme law of the land has a section in its Chapter 2 which gives the national position regarding how the elderly persons should be supported. The document presents the following position:

The Constitution of Zimbabwe Amendment (No. 20) Act 2013 in Chapter 2 Section 21 on Elderly Persons provides that:

“ (1) The State and all institutions and agencies of government at every level must take reasonable measures, including legislative measures, to secure respect, support and protection for the elderly persons and to enable them to participate in the life of their communities.

(2) The State and all institutions and agencies of government at every level must endeavour, within the limits of the resources available to them-

- (a) to encourage elderly persons to participate fully in the affairs of society;
- (b) to provide facilities, food and social care for elderly persons who are in need;
- (c) to develop programmes to give elderly persons the opportunity to engage in productive activity suited to their abilities and consistent with their vocations and desires; and
- (d) to foster social organizations aimed at improving the quality of life of elderly persons”.

From the provisions in the above cited Constitution of Zimbabwe it is clear that there is no universal pension provision for the elderly in Zimbabwe. It is also notable that social welfare provision in Zimbabwe remains residual and limited in scope. The elderly, like the other vulnerable groups in the rural and urban areas in need, continue to be marginalized as welfare services along with the delivery system are not responsive to their needs. This exposes the poor and vulnerable to untold suffering.

In-depth Interviews

The in-depth interviews focused on three themes: available support for basic needs, health needs and other major challenges.

Available Support for Basic Needs

Four of the six respondents (all aged over 70 years) indicated that they were facing difficulties in getting adequate food for survival. The main reasons were that they (the aged) unlike young people who still had physical energy to work, they could no longer till the land effectively to produce adequate food for their needs. They were also caring for grandchildren left behind by their deceased children. They occasionally received food and other hand-outs from well-wishers, mainly from the churches but they were always worrying about having adequate food for survival. All the respondents indicated that they felt that the government was neglecting the elderly people yet they had also “cooked” for the guerillas during the liberation war yet only some people were being rewarded while the generality of the elderly were excluded. One respondent, Ambuya Chido (not her real name) emotionally expressed that:

“Mwanangu zvinorwadza kuti isu taibikira magandanga muhondo, tichibisa huku dzedu nemari asi nhasi tinotambura tinononga svosve nemuromo iyo hurumende yakatotikanganwa”. (My child it pains us that despite that we contributed our chickens and money and cooked for the guerrillas during the liberation war, today the government has forgotten about us and we are suffering)

The other two respondents from Harare, one was in their late 60s and the other one in their mid-80s. Both were engaged in vending on the streets. They had to raise cash for accommodation rentals and food and medication for themselves and (in the case of one of the respondents) they had to cater for the needs of their grandchildren, despite the stress they endured from the “cat and mouse” game with the Municipal Police out to keep vendors off the streets. They reported that at times they had inadequate meals or skipped meals altogether when they could not afford it and giving the little they had available to the grandchildren. Both respondents had reportedly registered with the Department of Social Welfare for Public Assistance but had not received any disbursements for almost a year. The female respondent expressed that:

“Mwanangu, inhamu inoita kuti chembere yakaita seni izotengesa mustreet. Ndikasadaro ndinofa nenzara uye ndinoshaya mari yerendi, yekuchipatara ndikarwara nesikuru fizi yevazukuru. Tinomhanyiswa nemapurisa ekanzuru asi hapana zvekuita. Tinoda kurarama saka tinongo shingirira”. (My son, it is deprivation which makes us engage in vending on the street. I have no option because I have to pay rent, hospital fees and school fees for my grandchildren. The Municipal Police chase vendors off the streets but I have to endure these hardships as I have no option”).

The male respondent from Harare reported that he had worked for many years for a construction company that erected buildings in Harare and other towns but never got a retirement pension as this was for white workers only. Now he has to raise cash to meet basic needs as he had no rural home to go to and no family to support him.

Health Needs

All the six respondents noted that they had health needs that required to be attended to. However lack of resources was one of the factors influencing their health-seeking behaviour. Where they decided to go for medical service depended on whether they could afford the fees required. They also expressed that wherever health services were provided, cash was needed. One respondent noted that:

“Mwanangu pakurwara pese panoda mari, chero kuma porofita vanoda zvekushandisa zvinoda kutengwa”. (My child whenever healing is involved cash is needed. Even prophets require materials to use for healing and these need cash).

Other Major Challenges

The respondents reported that at times they experienced periods of loneliness, like when grandchildren were away at school or when communities go to engage in activities that they regarded should not involve the elderly. Another reported challenge was that health services, when they could access them, were not user friendly as the elderly reportedly often received comments indicating that they were not sick but old and that treating the aged was a waste of medicines.

Key Informant Interviews

The two key informants interviewed corroborated the views expressed by the elderly who were interviewed.

The first was that the elderly persons, mainly in the rural areas, were living in deprivation as they lacked adequate and reliable sources for meeting basic needs for survival. Their health needs were not adequately covered as there is no health policy for the elderly and that illness in old age is not understood as it is often mistaken to mean ageing. Lack of resources was reported to be one of the determinants of health-seeking behavior among the elderly people.

The key informants also reported that the elderly were often excluded from community events and were only engaged when it is to the community's interest and advantage, like when they are mobilized, transported and assisted to vote in national elections. After that they are forgotten until the next elections.

Case Studies (Names used are not the real names of the respondents).

Case Study 1: Support for basic survival needs.

Mbuya Maidei is 73 years old and lives in a rural village. She is widowed and looks after four grandchildren who were orphaned when her youngest son and his wife died of AIDS four years ago. When her son and daughter-in-law died, she found herself being a parent again after her other two sons and relatives could not take care of the orphans due to myths and misconceptions about the spread of HIV and AIDS. Her family and relatives feared “catching” AIDS through caring for aids orphaned children. She noted that “The parents died of AIDS and no one was prepared to care for the orphans. I just had to do it, I had no choice”.

The family survives on agriculture and Mbuya Maidei has to provide the bulk of the labour as the children are still young and are away at school most of the time. Without adequate inputs and labour, the yields are often very low and the family often has to beg for food assistance from well-wishers in the village. The school children are often sent home to collect fees as the government's Basic Education Assistance Module (BEAM) has since been discontinued due to lack of resources. Mbuya Maidei has visual problems but has no cash for transport to go for the free medical assessment done by a medical team which regularly visits the district.

Case Study 2

Sekuru Tagarira is 86 years old and lives in Mbare suburb in Harare. He never married and lives alone in rented accommodation. He was retired 26 years ago from a construction company he worked for, for many years. He was paid a cash lump-sum which he spent with newly found friends who quickly vanished once his lump-sum was finished. He turned to street trading which he is still engaged in today.

Sekuru Tagarira now faces many challenges due to the changing socio-economic scene. Commodities for trade have changed due to new consumer tastes. In years past he used to make "*manyatera*" (rubber tyre sandals) at his Mbare lodgings and sold them at Mbare bus terminus without any difficulties. Now no-one likes the rubber sandals because of new and cheap products on the streets and in shops. He still lives in Mbare but has to travel from Mbare bus terminus to town for his street trade.

Ageing is catching up on him and he has to deal with changing commodity markets, the pressure to raise cash to meet all his needs, to deal with the cat and mouse games with the Municipal Police enforcing the ban on unregulated street vending and his ailing health. As he lives alone sekuru Tagarira is often lonely and when he falls sick there is no one to ensure that he gets early medical attention. He has no guaranteed income as it depends on what he earns when he manages to go out to the streets to trade.

Discussion

Documented evidence shows that the pension schemes available to the elderly in Zimbabwe are either contributory or non-contributory. Contributory schemes are usually based on employment (though there are some private ones) while the non-contributory ones are based on certain set criteria, for example, one has to be a war veteran to qualify for the War Veterans Pension. Other non-contributory pension benefits can be accessed after passing a means test like in the case of public assistance and the Assisted Medical Treatment Orders (AMTOs), however these are affected by availability of resources.

These pension benefits are facilitated under various enabling pieces of legislation. This clearly shows that the approach to pension provision in Zimbabwe is residual in nature. This leaves the majority of the elderly without a legally binding pension cover.

The in-depth interviews, though done with a few individual elderly people, shows the extent of deprivation faced by the elderly in the absence of a legally binding and enforceable legislation on the issue of pensions for the elderly citizens.

The interviews included two of the key issues which should be considered in dealing with the issue of universal pensions for the elderly. The first issue is the argument that the elderly contributed to the war of liberation effort and others who participated in that war were rewarded by the government. Surely a universal pension for all the elderly people (qualifying through age 60 years and above), would be a big thank you to the elderly people of Zimbabwe. The second issue is that under the oppressive colonial system black workers were overworked to build the infrastructure Zimbabwe inherited and also that the workers were not given retirement pensions. These arguments should drive Zimbabwe to care for its aged persons by passing legislation granting Universal Pensions for all citizens aged 60 years and above.

The other argument is based on what other countries globally and regionally are doing to cater for the needs of the elderly. Many countries as pointed out in the introduction above, have universal pensions for their elderly citizens to ensure that they are able to meet their basic survival needs. These pensions are supplemented by other services that may be provided by charitable organizations or even by the government departments at central or local level.

The universal pension could potentially improve the quality of life and of care for the elderly by enabling the pension resources to be used to provide for the needs of the elderly and their families.

Conclusion

This study was focused on putting forward the argument on the need for the provision of legislation that will enable the provision of resources to citizens aged 60 years and over to enable them to meet their basic needs for survival. From the information presented in this paper it is noted that universal pension provision is not a new phenomenon globally and regionally as many countries already have universal pension provision for their elderly citizens. Zimbabwe has a few fragmented provisions which are not universal. It is time that Zimbabwe seriously considers and acts to have a universal pension provision for all citizens aged 60 years and above to enable them to meet their basic human needs (including health needs as most of the elderly do not seek formal health services due to resource constraints) and also to uphold their human rights.

Recommendations

This paper recommends the following issues to be considered in coming up with a Universal Pension Act:

1. The universal pension should benefit all Zimbabwean citizens aged 60 years and over, qualifying by age.

2. The minimum monthly provision should be USD100-00 per month, or not less than USD60-00 per month where accommodation and other services are provided.

3. To deal with the issue of double dipping, those elderly with other pension benefits valued at more than the minimum gazetted amount will not benefit if their other pensions total more than the minimum gazette but if the total of their other pension is less than the gazetted amount, they would qualify to get a top-up of the difference to reach the gazetted level.

4. Funding for this pension should be from the National Budget and should be made a priority and essential area.

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