

# Social work with older persons: The case of Eswatini and Zimbabwe

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## **Abstract**

*Although customarily, filial piety was the bedrock of care and support for older persons in Eswatini and Zimbabwe, forces of globalisation, modernisation, urbanisation and the economic headwinds buffeting these countries have collapsed this age-old kinship system. The reciprocal relationships which existed between members of the extended family and their older relatives, who acted as figureheads, matriarchs or patriarchs for the clan or family group have been destabilised, thereby exposing them to vulnerability. Also exacerbating their plight is the fragmented and rudimentary nature of social protection measures for older persons in these countries. Resultantly, older persons in Eswatini and Zimbabwe are vulnerable to poverty, ill-health, abandonment and neglect, and abuse, among others. This is paradoxical, given that longevity should be celebrated as one of the greatest achievements of modern times. Older persons are thus victims of living long, thereby denying society of this demographic dividend. This paper interrogates formal and non-formal systems of care for older persons in Eswatini and Zimbabwe, through a relational lens. The article is based on literature scoping and review of policy documents as its primary methodology.*

## **Keywords**

*Ageing, Eswatini, older persons, relational theory, social work, Zimbabwe.*

## Introduction

Eswatini and Zimbabwe, like elsewhere in many countries on the African continent, are experiencing and will continue to witness an irreversible increase in the population of older persons. Of grave concern though, in the case of sub-Saharan Africa, where these two countries are located, is that this issue has not been given the attention that it requires. Furthermore, this demographic shift is yet to be matched with the resources, skills and government commitment to robustly and holistically respond to the needs of older persons (Adamek, Kotecho, Chane, & Gobeyaw, 2021). Thus, while on the one hand, growing old is celebrated as a precursor of God's celestial blessing upon humanity, on the other hand, its bodily impacts are often dreadful (Roanova, 2010). As such, all countries on the African continent, Eswatini and Zimbabwe included, are obliged to respond to the impacts of population ageing, given its implications for the health and wellbeing of older persons (Van Rooy, Mufune, & Amadhila, 2015).

Although, the term older person does not have a universal definition (Hooyman, 2012), this article adopts the age of 60 years and above, which was agreed upon at the United Nations World Assembly on Ageing at Vienna in 1982. The article explores older persons' life-worlds in the context of economic headwinds which deconstruct the enduring traditions of indigenous social welfare in Eswatini and Zimbabwe, alongside formal social protection for this population group. As suggested by Lombard (2022), the fundamentals of social work lie in humanity's social and evolutionary instinct to protect and nurture the most vulnerable, older persons included, for the benefit of the community at large.

In this regard, families are viewed as a key social group in which older people are embedded and supported. The World Report on Ageing and Health (WHO, 2015) also places emphasis on environments and reflects the view that the contexts of ageing can influence wellbeing and exacerbate or reduce late-life inequalities. Moreover, this perspective resonates with the contention that people have potential to adapt to their environments. The person-in-environment fit occurs when environmental demands and opportunities are balanced with individual capabilities and resources (Bigenness & Chaudhury, 2020).

Traditionally, in the African context, a sense of respect towards the authority of older persons was an essential tool for soldering and smoothening social relations among family and community members. Deep respect of older persons existed for legitimate and constituted authority, be it that of a head of the family, village or community. This is corroborated by the saying «he who listens to an elder is like one who consults an oracle» by the Igbo of Nigeria (Mhaka-Mutepfa, 2018). The oracles are believed to say the truth and their words and instructions are heeded. Similarly, in Zimbabwe, the key social services providers comprised the immediate family (parents and siblings), near-immediate family (*vatete* – father's sister, *sekuru* – mother's brother), extended family or clan structures such as *sahwira* (a family friend) (Mugumbate & Bhohwasi, 2021).

The progressive breakdown of the extended African family and its customary support functions for older members, as result of modernisation, urbanisation and poverty, among

other factors, has exposed older persons to vulnerability. This necessitates the adoption of substitute formal mechanisms and responses to the challenges of population ageing (Aboderin, 2015). The need to resuscitate intergenerational support to complement statutory provisions for older persons is also important. Therefore, as the population ages, it is imperative to pay more attention to issues compromising their quality of life and wellbeing.

In this connection, the IASSW, IFSW and ICSW (2012) state that the Global Agenda for Social Work and Social Development commits social workers to promote social and economic justice for the poor and marginalised, including older persons. This resonates with the principles of social justice, human rights and respect for diversity, which are central to the social work profession (International Federation of Social Workers – IFSW, 2022).

## Statement of the problem

The entire world is facing a demographic revolution of population ageing. However, this is progressing fastest in Global South countries. Of grave concern though, is that it is considered to be a major social problem, particularly in African countries, where the once robust extended family support system has been rendered ineffective in meeting the needs of older persons, due to social change and poverty (Amiri, 2018). According to Patel (2015), the Southern Africa region, where Eswatini and Zimbabwe are located, is experiencing exponential growth, as it has the largest number of older persons on the continent.

Old age is also characterised by a gradual decline in functional ability, increase in healthcare needs, greater dependence and proneness to poverty and abuse, loneliness and neglect, among other vulnerabilities impinging on the quality of life of older persons (Dhemba, 2022). This *status quo* is aggravated by the fact that ageing in many African countries is occurring in the absence of systematic and effective arrangements to ensure the wellbeing of older persons.

Ageing is thus of major concern to social workers, given their ethical responsibility to intervene in the lives of vulnerable people and belief in human rights and social justice (Wamara & Carvalho, 2022). Furthermore, with the prevailing socioeconomic trends in developing countries, Eswatini and Zimbabwe included, population ageing means that older persons will need help to meet their needs. In fact, given the demographic trends, and the syndrome of poverty and social exclusion in old age, greater numbers of older people will seek the services of social workers (Larson, 2013).

## Methodology

To add depth to understanding of the issues at hand, the article is grounded in histories of commissioned social security and gerontological social work studies, critiques

on published research to date on social security and healthy ageing best practices. Secondary sources of data, including a review of policy and research documents, were used. The majority of data on socioeconomic status, population, health, policies/plans and the dynamics of old age came from secondary sources, including the published peer-reviewed and grey literature, and a detailed review of available social security policies and plans and other government documentation. Search words included *old age*, *social security*. Furthermore, non-governmental organisational (NGO) documents/evaluation reports and academic publications, online newspaper articles retrieved from various journals and internet sources were used.

## Conceptual framework

This section outlines the conceptual frameworks that underpin the article. First, is familism, which is about the centrality and responsibility of families for their individual members (Mucchi-Faina, Pacilli, & Verma, 2010). This is reflected at societal level by the extent to which the state views families' responsibilities for the welfare of their members. Furthermore, Leon and Pavolini (2014) are of the view that a retreat to familism, among welfare states occurs in periods of economic recession. This is supported by Hernandez and Bamaca-Colbert (2016) asserting that familism is a core societal belief described in the Global South, as an important cultural construct prioritising personal obligation to family needs.

In the traditional African socioeconomic arrangement, the extended family system is one of the most admired values expressed as «living together» and the sense of «community of brothers and sisters». This arrangement guaranteed the poor, older persons, widows, and orphans social security. Notably, this is not the case in the Global North, characterised by individualism and the nuclear family structure.

In the African community, a man was obliged to cater for the widow and orphans of his deceased relative, and failure to do so would earn him strong public opprobrium (Kanu, 2010). Ubuntu is a collection of values and practices that black people of Africa view as making people and their communities authentic. While the nuances of these values and practices vary across different ethnic groups, they all point to one thing: an authentic individual human being is part of a larger and more significant relational, communal, societal, environmental and spiritual world. The term Ubuntu is expressed differently in several African communities and languages, but all referring to the same thing. In Angola, it is known as *gimuntu*, Botswana (*muthu*), Burkina Faso (*maaya*), Burundi (*Ubuntu*), Cameroon (*bato*), Congo (*bantu*), Congo Democratic Republic (*bomoto/bantu*), Cote d'Ivoire (*maaya*) (Africa Social Work Network, 2023).

Second, is the strengths perspective, which is based on the assumption that all human beings have the capacity for growth, change, and adaptation, is also a relevant

theoretical framework for this article. A strengths-based approach emphasises the personal, relational and community asserts at the disposal of the clients, rather than their deficits (Pulla, 2017).

Thus, given that older persons are not a homogeneous group, and that their needs are complex and varied (Spitzer & Mabeyo, 2017) a comprehensive resolution of the challenges they face requires the adoption of a strengths-based approach. The strengths-based approach is holistic and collaborative in its assessment and interventions to address problems. This ensures the provision of services required by People with Lived Experience (PWLE). Moreover, this approach is in tandem with relational social work, which engages with existing networks, to enhance resilience and the capacity of clients to resolve the challenges they face. This is particularly significant as social work is a welfare profession (Dhemba, 2012).

## Care and support for older persons in Eswatini and Zimbabwe

Having provided the conceptual underpinnings on which this article is framed, this section focuses on care and support for older persons in Eswatini and Zimbabwe. It starts with a focus on Eswatini and Zimbabwe thereafter. It should also be noted from the outset, that the welfare of older persons in both Eswatini (Department of Social Welfare) and Zimbabwe (Department of Social Development) falls within the remit of social workers. Hence, the article focuses on social work with older persons in Eswatini and Zimbabwe.

### *The Eswatini context*

Eswatini, formerly Swaziland, is a landlocked constitutional monarchy located in Southern Africa. It is surrounded on three sides by two provinces in the Republic of South Africa. These are namely Mpumalanga and KwaZulu-Natal and on another side by Mozambique (Country Report, 2022). Eswatini has a population of just over 1 million, and 5% of them comprise of older persons.

According to the World Bank (2018), Eswatini is classified as a middle-income economy. Unemployment in the country was estimated at 26,40% in 2018 (Index Mundi, 2018). The Gini-coefficient stood at 45% in 2013 (Government of Swaziland (GoS), 2013). Poverty levels have stagnated at high levels with 39,7% of the population estimated to have been living under the international \$1,90 poverty line in 2016 and 2017. About 58,9% of the people live below the nationally defined poverty line of less than US\$ 1,9 a day, leading Dhemba (2018) to comment that Eswatini is a country embroiled in deep poverty and vulnerability. This has led to service delivery being compromised as a result of the constricted fiscal space, coupled by weak service delivery institutions.

Notably, statistics on poverty in Eswatini reflect an overrepresentation of older persons, thus reflecting their vulnerability and inability to support themselves (Khumalo, Musingafi, & Mafumbate, 2019). In addition, Eswatini has also had the highest prevalence of HIV and AIDS in the world. However, the country stands on the brink of reaching control of the pandemic, with the UNAIDS declaring that it is one of only two countries with strategic programmatic shifts driving the HIV program towards sustained control of the epidemic.

Although Eswatini is known for the practice of indigenous and cultural traditions, demographic and socioeconomic changes including poverty and increasing mobility of adult children, among others, have compromised the concept of filial piety (Khumalo, Musingafi, & Mafumbate, 2019). The underlying moral idea behind the practice of filial piety is that older people should be respected and be cared for, in recognition of their contributions to the family, communities and society at large.

Older persons in Eswatini are living in harsh conditions of poverty, destitution, neglect and abandonment, poor housing, isolation, as well as exclusion from mainstream societal activities (Khumalo, Musingafi, & Mafumbate, 2019). Moreover, the majority of them reside in rural areas where the main source of livelihood is subsistence agriculture. Unfortunately, the country has been experiencing perennial drought in some regions, particularly Lubombo. This has made reliance on farming untenable, thereby exposing older persons to food insecurity and precarious livelihoods. Rural areas are also ill-served by all types of services, which limits older persons' access to social services, at a time they need them most. Furthermore, the HIV and AIDS scourge in sub-Saharan Africa, Eswatini included, has also imposed a double-burden on older persons. They have to care for orphaned grandchildren, notwithstanding their own needs for care (Tanga, 2015; Khumalo, Musingafi, & Mafumbate, 2019).

In response to the challenge of poverty in old age the government of Eswatini provides for a universal old age grant (OAG) of US\$ 30 for older persons aged 60 years and above. The OAG is administered by the Department of Social Welfare (DSW), which is in the remit of the Deputy Prime Minister's Office. As of March 2021, the number of OAG beneficiaries rose from 43.860 in 2005 to 75.232 (Deputy Prime Minister's Office, 2021).

Older persons in Eswatini also receive free access to health care (Deputy Prime Minister's Office, 2021). However, they also have to pay a consultation fee, which though nominal is not affordable for some older persons. In addition, the shortage of drugs and congestion at public hospitals are major constraints to accessing health care for older persons.

However, though laudable that Eswatini provides for universal old age pension, it is inadequate, as it is only SZL500 (US\$ 27,89) monthly. This is not enough to meet even the most basic of their needs. Moreover, Section 27.6 of the Constitution of Swaziland 2005, stipulates that OAG provision is subject to the availability of resources. As such, this renders the OAG as being an unreliable social protection measure, as payment of benefits is conditional on the availability of funds. Furthermore, old age pension only targets

household poverty and not independent living. Yet, older persons also require social work services that promote healthy and independent living (Dhemba, 2022).

The increasing incidences of destitution, neglect and abandonment, and older persons living alone, have also seen the establishment of residential care settings for this population group. One of these settings is Philani Maswati Old Age Home, the first such facility in the country, was established in 2017/18.

However, findings from the Swaziland Household and Income Expenditure Survey of 2018 showed that older persons live in their homes with family or relatives and that it is rare for them to live alone. Moreover, according to Khumalo, Musingafi, & Mafumbate (2019), active older persons in Eswatini continue to work in family fields to contribute to their wellbeing and that of their households and community.

Voluntary organisations such as *Umfuntsi We Mwarati* and *Philani Maswati* also play an important role in promoting the wellbeing of older persons in Eswatini. Churches, such as the Roman Catholic Church and Church of the Nazarenes also provide relief assistance to destitute older persons.

Swaziland Hospice at Home (SHAH), a voluntary organisation based at Matshapa provides home-based care to terminally ill patients, including older persons. This includes medical treatment, consultation and counselling, and home-based care supplies of disposable napkins, gloves, disinfecting solution, toiletries, and bereavement counselling to family members (SHAH, n/d). However, the poor roads infrastructure, especially in remote rural areas, makes it difficult to make home-visits and deliver services for bed-ridden patients.

It should also be noted that some chiefs have resuscitated the forgotten practice of the *Chiefs Granary* (Government of the Kingdom of Swaziland, 2007) to ensure food security for older persons, among other vulnerable people. This is probably why the objective of the Government of Eswatini's Plan of Action (2013-2018) was to care for vulnerable people within communities, using traditional methods of extending help and protection to the needy. The objective is therefore not to move away from this culture, but to «continue to find ways of reviving this culture» (Government of Swaziland, 2013, p. 12).

These interventions are significant given older persons' age in their family and community. It ensures sustainable support from family and the community at large. Older persons who are still active are also empowered through the provision of farming inputs and implements from the government and NGOs. These initiatives recognise that having a family, especially adult children is a strength in that it is a reliable source of social and economic support. Hence, interventions by the state and voluntary organisations also focus on family empowerment and strengthening support.

### *The Zimbabwean context*

Zimbabwe is rich in human and natural resources. However, for decades it has experienced food insecurity and poverty rooted in recurrent drought, economic instability,

and policy decisions that severely undercut economic growth, agricultural production, and employment opportunities. The most affected people are those living in rural, drought-prone areas of the country.

The difficult conditions have fuelled migration for employment, a contraction of the formal economy, a decline in health and social services, and an increase in food insecurity and malnutrition all of which have heightened the vulnerability of the population, particularly older persons. Zimbabwe is increasingly subject to low and unreliable rainfall, high temperatures, cyclones, and floods. In addition, hyperinflation, increasing prices for food and basic goods, cash shortages, and credit restrictions characterise its socioeconomic landscape.

The care of older persons in Zimbabwe is a shared responsibility of the family, the state and local and international NGOs. The major employer of social workers, which also provides social work services to older persons is the Department of Social Development (formerly Department of Social Services).

The Government of Zimbabwe (GoZ) operates two mainstream social protection measures for vulnerable people, including older persons. These are namely, public assistance and the Pension and Other Benefits Scheme (POBS). The Public Assistance Scheme, which is administered by the Department of Social Development (DSD) caters for all categories of vulnerable people, including older persons. The shortcoming with this program though, is that it is means-tested and perennially underfunded. As a result, the majority of the poor, older persons included, do not benefit from this scheme. Furthermore, people in need of social work services are required to lodge their applications for assistance at the 56 DSD offices across the country. This has the effect of excluding older persons with challenges of mobility and the frail and bed-ridden from applying and accessing benefits from the DSD. The public assistance program in Zimbabwe is also implemented on the erroneous assumption that the traditional extended family support system is still functional and able to support its members, older persons included. Yet it has been rendered dysfunctional by the forces of modernisation and its attendant values of individualism, thereby exposing older persons to heightened vulnerability.

There is however more targeted older persons' support through other social protection programmes like the Harmonised Social Cash Transfer (HSCT) programme, and the Food Deficit Mitigation Programme, Assisted Medical Treatment Orders (AMTO) administered by the DSD in partnership with development partners such as UNICEF. It should also be noted that the intractable socioeconomic challenges facing the country have contributed to fragmentation in the provision of social safety nets in Zimbabwe.

In addition, the state operates the POBS, which is a social insurance scheme under the auspices of the National Social Security Authority, a quasi-statutory agency. The POBS provides for retirement pension for formally employed workers who have reached the age of retirement. The weakness of this scheme though, is that not many older persons are likely to qualify for retirement pension, mainly because of the high levels of unemployment in the country. As such, the majority of older persons are unlikely to have been formally



employed and can therefore not be expected to qualify for retirement benefits under this scheme. Moreover, even for the lucky few who manage to qualify for retirement pension, the premiums are very little because of the macro-economic instability and political challenges being experienced in the country.

It should also be acknowledged that the Government of Zimbabwe (GoZ) enacted the Older Persons Act of 2012 providing for the establishment of a means-tested non-contributory social pension for older Zimbabweans. However, 11 years on, the Older Persons Act is yet to be implemented, indicating the lack of political willingness and commitment to implement this program. Yet, the right to social security and social protection is spelt out in the founding provisions of the Constitution of Zimbabwe 2013, Section 30 of Chapter 1.

Furthermore, frontline social workers in a variety of settings in Zimbabwe support older persons. A typical example is that of social workers in clinical social work settings, principally in rehabilitation institutions like St Giles (private voluntary organisation) and Ruwa National Rehabilitation Centre (government). The functions of the social work department in these settings are coordinated by senior social workers.

The conditions mostly supported with clinical and therapeutic interventions are stroke, spinal and orthopaedic patients. The social workers assess and intervene in the areas of psycho-social functioning and discharge planning. They also provide counselling, to empower patients and their families to move from a situation of uncertainty, anxiety and dependence, to one of increased confidence, hope and autonomy. The social worker assumes the role of case manager in the rehabilitation program.

There are also a number of voluntary initiatives and organisations providing services to older persons in Zimbabwe. These initiatives are mainly in the form of residential care settings for older persons, of which there are more than 70 such facilities. The residential care settings for older persons in Zimbabwe include, Bumhudzo Old People's Home, which is administered by the Salvation Army and Society for the Destitute Aged (SODA). Help Age Zimbabwe is also one of the NGOs running advocacy, relief and support services towards older persons in Zimbabwe.

Also worth noting is that a coalition of organisations, aiming to promote the mainstreaming of ageing issues in all development processes, namely, the National Age Network of Zimbabwe (NANZ) was formed in 2012. This is a partnership of civic society organisations, and the Ministry of Labour, Public Service and Social Welfare, under the banner of NANZ. The mandate of NANZ is to provide technical advice on the development of a National Ageing policy, aimed at enhancing service delivery for older persons in Zimbabwe.

## Discussion

Given that social protection in many African countries, Eswatini and Zimbabwe included, is inadequate and underdeveloped, and the decline in the extended family

support system in these countries, older persons are vulnerable to poverty, neglect and abandonment, among other social problems. Typically, African culture and tradition promote the social inclusion of older persons, who not only continue to play roles in the social upbringing of younger generations, but they also have a right to age in dignity. Furthermore, psychologically and socio-culturally, familial and community interactions for older persons can be satisfying and contribute to their overall state of wellbeing and the sense of belonging (Makore-Ncube & Nhapi, 2022). Hence, it is imperative to establish robust formal social protection measures, as well as to strengthen extended family support systems to ensure the wellbeing of older persons.

Extended family members have been known to support each other in times of need, for example with cash, food, housing and care of the sick. As such, the revival and strengthening of the extended family helps to augment formal social welfare services which are not always readily available or adequate.

Though commendable that Eswatini provides old age pension, the pay-outs are too little to make any meaningful impact on the lives of older persons. Furthermore, its sole focus on the provision of financial assistance, fails to take into account the need for older persons to be empowered to become independent.

It is also significant to note that, to a great extent, old age grants in Eswatini promote intergenerational solidarity. Furthermore, in the face of high and rising levels of unemployment in the country, old age pension is the glue that keeps multigenerational households together. As such, old age pension has become the main source of income for households living with an older person/s. This helps to ensure the care of older persons within their families, as well as to provide income security in old age. It also explains why it is rare for older persons in Eswatini to live alone (Khumalo, Musingafi, & Mafumbate, 2019).

In the case of Zimbabwe, eligibility for public assistance is means-tested. As a result, only a few manage to qualify for the assistance. The public assistance programme is therefore arguably exclusionary, as the majority of the older persons are not eligible for state assistance. Thus, although older persons in Eswatini are generally poor, those in Zimbabwe are comparatively poorer as the majority of them cannot access structured state assistance.

Access to social work services for older persons in Eswatini and Zimbabwe is also constrained by the requirement that they visit the Department of Social Welfare/Development offices to request for assistance. This however, is problematic owing to their advanced age (mobility challenges) as well as prohibitive transport costs to and from social welfare offices. Resultantly, some older persons fail to access social work services, which they may even have an entitlement to. A study in Lesotho showed that older persons require social workers to visit them at their homes (Dhemba, 2022). This ensures that social workers are able to make comprehensive assessments of the needs of service users and to intervene appropriately.

The plight of older persons in Eswatini and Zimbabwe is also aggravated by the fact that many of them are caring for HIV and AIDS orphans. According to Beegle, Filmer, Stokes

and Tiererova (2010), it is estimated that 40-60% of the households in sub-Saharan Africa live in grandparent headed households. In the case of Eswatini, this is corroborated by Makadzange and Dolamo (2014), who asserted that the majority of the older persons in the country care for orphans.

Furthermore, notwithstanding that culturally, institutional care for older persons is shunned in many African countries; this phenomenon is taking root in the two countries. Eswatini has two such facilities in the making, with one having been opened in 2017/18. This goes to show that older persons are vulnerable to all sorts of vulnerabilities, including ill-health and destitution.

As for Zimbabwe the family in traditional cultures transcends the nuclear unit to embrace a large group of people who share maternal and paternal descent. Central to Zimbabwe's traditional kinship structure and social organization is totemic affiliation which creates family bonds among people who identify as members of the same clan or who trace their descent to common ancestry. Blood relationships, which are traced as far back in genealogical history as the living can remember, create a vast network of people who consider themselves family. These extended family relationships are not about mere acknowledgement of blood ties. Rather, according to Jaji (2022) emphasis is on mutual social and economic obligations captured in the Shona proverb *ukama igasva hunozadziswa nekudya* (blood relationships are incomplete without sharing of food). This creates a system of mutual obligations, expectations, and dependence among people bound together by kinship (Jaji, 2022). However, due to intractable socio-economic challenges, family bonds have weakened with increased institutionalisation of older persons which was once taboo.

Thus, because of the application of eligibility criteria for assistance, social work interventions in both Eswatini and Zimbabwe have maintained the colonial legacy of residual, ameliorative and residual focus in the provision of services. They provide targeted welfare assistance embedded in a safety-net approach to the provision of services to vulnerable population groups, inclusive of older persons. This however, is not sustainable given the shortage of resources and inadequate budgetary allocations to the Departments of Social Welfare/Development in Eswatini and Zimbabwe.

Moreover, the provision of grants and public assistance to older persons fosters dependence on state assistance, rather than independence on the part of recipients. Hence, there is need to transform the OAG and the public assistance program from their welfare orientation to a developmental focus. The adoption of a developmental approach is empowering and helps to bring about self-reliance and an improvement in the quality of life of older persons.

## Recommendations

The paper makes the following recommendations.

1. State and non-state interventions towards strengthening of intergenerational support are vital. Given the centrality of the institution of the extended family in the two countries, it is important for social workers to come up with methods of interventions for desired outcomes of revival and strengthening of this enduring system. This is in order to complement existing formal arrangements for the support of older persons.
2. An upwards review of the monthly pension amount in Eswatini and that of public assistance in Zimbabwe, is long overdue. The current levels of benefits are too low and cannot be expected to mitigate older persons' poverty. Furthermore, it is long overdue that Zimbabwe implements universal pensions for older persons.
3. Whether it be urban or rural settings social workers need to conduct needs assessments of older persons in *situ*, that is through regular visits and engaging them in the context of their homes.
4. There is need for the DSW (Eswatini) and DSD (Zimbabwe) to mainstream the conceptual underpinnings of the developmental social work approach to empower older persons amongst the many other PWLE they empower to become independent. OAG and public assistance recipients can be sensitised to be creative and innovative in developing income generating projects using proceeds from their monthly allowances. Moreover, older persons in Eswatini and Zimbabwe (most of whom reside in rural areas) have arable communal land which they can be supported towards sustainable agricultural projects. For example, poultry remains a profitable agricultural venture.
5. Lobbying and advocacy on the rights of older persons must continuously be strengthened and not be only more pronounced on occasions like World Older Persons Day in October annually. Studies show that older persons are the most neglected domain of social work. As they are a vulnerable population group, social workers have an ethical responsibility for initiating and designing Lobbying and advocacy interventions for desired outcomes of enhanced older persons' social functioning.
6. Inter-disciplinary and inter-agency collaboration between social workers and allied professionals must be actively nurtured. Work with older persons is a multi-disciplinary context of service provision because of the heterogeneity of their needs. It is therefore imperative for social workers to collaborate with other stakeholders from health and local governance to ensure the provision of holistic and comprehensive services.

## Conclusion

The increasing representation of older persons globally and in Eswatini and Zimbabwe in particular, demands new and reimagined responses for the optimization of their

quality of life and wellbeing. Population aging is highly correlated with a multiplicity of socioeconomic and health challenges for older persons and society in general. Thus, in common with other countries, Eswatini and Zimbabwe are faced with the clinical, social and fiscal challenges of meeting the needs and demands of an aging population. Older persons in Eswatini and Zimbabwe experience poverty, food insecurity, neglect and abandonment and abuse, among other social problems.

Although there is formal social protection for older persons in the form of the OAG (Eswatini) and public assistance and psychosocial support and counselling (Zimbabwe), the benefits are inadequate and not comprehensive. Moreover, in the case of Zimbabwe, only a few older persons benefit from the public assistance, owing to the stringent means-testing that is applied. An even bigger challenge for Eswatini and Zimbabwe, as elsewhere in many African countries, is the decline of informal systems of social protection, especially the extended family support system. As such, older persons in Eswatini and Zimbabwe remain vulnerable to poverty, abandonment and neglect and social exclusion in general.

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