

Social Work/Maatskaplike Werk

A professional journal for the social worker

w: <https://socialwork.journals.ac.za/pub> e: socialwork@sun.ac.za eISSN: 2312-7198 (online)



Vol. 60, No. 3, 2024

DOI: <https://doi.org/10.15270/60-3-1351>



POPULATION AGEING AND THE CHALLENGES FACED BY OLDER PERSONS IN LESOTHO

Jotham Dhemba^{1,1}, Mankwane Daisy Maria Makofane^{1,2} and Maria Mabetoa^{1,3}



^{1,1}University of South Africa, Department of Social Work, Pretoria, South Africa

 <https://orcid.org/0009-0005-5298-4499>  jdhemba@uniswa.sz

^{1,2}University of South Africa, Department of Social Work, Pretoria, South Africa

 <https://orcid.org/0000-0002-2382-8471>  nase.melale@gmail.com

^{1,3}University of South Africa, Department of Social Work, Pretoria, South Africa

 <https://orcid.org/0009-0001-3492-8486>  mabetoamaria4@gmail.com

Article received: 24/03/2023; Article accepted: 04/12/2023; Article published: 10/09/2024

ABSTRACT

The decline in inter-generational solidarity as a result of socio-structural processes such as modernisation, globalisation and migration have made older persons in many African countries increasingly vulnerable. The aim of this study was to gain an in-depth understanding of the challenges faced by older persons in Lesotho and how to address them. The study adopted a qualitative approach, while snowball and purposive sampling were employed to recruit older persons and social workers, respectively, for the study. Data were collected by means of semi-structured interviews. Poverty, food insecurity and ageism were found to be the major challenges faced by the older persons. Although eligible older persons receive old age pensions or public assistance, these are not effective in addressing poverty. Social workers should embrace the developmental approach, which involves advocacy, the implementation of income-generating projects, building assets for the poor, and productive employment to create opportunities for the long-term social security for older persons.

Keywords: Lesotho; older persons; population ageing; poverty; social protection; social work

INTRODUCTION

Population ageing, which refers to the increase in the proportion of older persons in the total population, is one of the most important social phenomena in the 21st century. However, the

exponential growth in the number of people 60 years of age and older in Lesotho, as elsewhere in the world, poses a serious challenge not only for their personal care and health, but their social protection as well. The definition of an older person used in this paper is a person of 60 years and above (UN, 1982), which was agreed upon at the United Nations General Assembly on Ageing held in Vienna in 1982.

In 2019, there were 703 million older persons globally (United Nations Department of Economic and Social Affairs, 2019). According to the World Health Organisation (WHO, 2022), this is expected to increase to 2 billion by 2050. It should also be noted that the fastest increase will occur in the least developed countries, Lesotho included. It is likely to rise from 37 million in 2019, to 120 million older persons in 2050 (United Nations Department of Economic and Social Affairs, 2019). Of concern, though, in the case of sub-Saharan Africa is that this demographic shift has yet to be matched with the resources, skills and government commitment to respond to the needs of the growing number of older adults (Adamek, Kotecho, Chane & Gebeyaw, 2021).

As people age, they become more vulnerable and face challenges that are hard to take on alone. Older persons, also referred to as the elderly, are vulnerable to several threats to their wellbeing. They are faced with many challenges and diminishing care resources, characterised by increased pressure on public budgets alongside the declining availability of both formal and informal support systems. Their profile is closely linked to declining inter-generational solidarity, the HIV/AIDS crisis, modernisation and rural dislocation (Lowenstein & Katz, 2018). In this context, social services play a critical role in their survival and livelihoods, as they do for other population groups as well. As such, the increasing group of older persons not only contributes to changes in social structures, but also necessitates the development and modification of social policies meant to address the challenges they face.

About 7,5% of Lesotho's population are aged 60 years or over (UN Department of Economic and Social Affairs, 2019). There is, however, a lack of knowledge and information about the challenges faced by older persons in Lesotho, as well as their needs (Ministry of Social Development [MoSD] & HelpAge, 2014). As a result, the specific needs of older persons are at serious risk of being ignored. The primary aim of this study was to explore and describe the challenges experienced by older persons in Lesotho, with a view to coming up with suggestions on how to overcome them. The sections that follow focus on the statement of the problem, the rationale for the study, a review of literature and an outline of the theoretical framework. This is followed by a discussion of the research methodology, findings, recommendations and conclusions.

PROBLEM STATEMENT

Although population ageing is a human success story reflecting the advancement of public health and medicine, as well as economic and social development, this demographic dividend is wasted as older persons experience many challenges. According to MoSD & HelpAge (2014), there is a lack of knowledge and information about the challenges and needs experienced by older persons in Lesotho. As a result, the specific needs of older persons are at serious risk of being ignored,

which compromises their wellbeing. Furthermore, the paucity of research and documentation on the situation of older persons in Lesotho is also an obstacle to the development of policies and programmes for older persons (MoSD & HelpAge, 2014).

RATIONALE FOR THE STUDY

There is a paucity of research and documentation on the situation of older persons in Lesotho, which is an obstacle to the development of policies and programmes for this population group (MoSD & HelpAge, 2014). As a result, older persons are victims of policy neglect because of the absence of comprehensive data on their challenges and needs. This study attempts to fill this research lacuna on the challenges faced by older persons in Lesotho and how they should be addressed. It also contributes to advancing the knowledge and understanding of the situation of older persons. This helps to influence the development of policies and programmes that enhance optimal functioning and quality of life for older persons.

Furthermore, understanding of the challenges experienced by older persons is required to enhance human capital and enable this population group to realise their fullest potential as well. In addition, the Global Agenda for Social Work and Social Development (2012) commits social workers to promoting social and economic justice as well as the dignity and sanctity of human life, including that of older persons.

LITERATURE REVIEW

Demographic trends internationally show that the proportion of older persons is not only increasing, and the effects of ageing are felt more rapidly (Wamara & Carvalho, 2022). Population ageing has serious implications for the health and wellbeing of older persons as many issues arise with the rising numbers of older persons.

According to Erikson (1982), a life-span theorist, a human life cycle has eight stages of development, of which old age is the eighth and last stage. It is Erikson's contention that the psychological crisis that has to be resolved at this stage is the struggle between ego integrity and despair. This is about older people trying to understand their lives in terms of their future, their family and their community. Successful ageing (integrity) comes about when a person comes to terms with the choices they have made during their life-time. On the contrary, despair occurs when one regrets the choices one has made.

A major concern regarding population ageing in developed countries is the reduced availability of informal caregivers for older persons. This can be attributed to the dominance of nucleated families in these parts of the world (Spasova, Baeten, Ghailani, Pena-Casas & Vanhercke, 2018). This leaves many older persons without anyone to care for them, which presents major challenges in meeting their personal care needs.

Another challenge faced by older persons in developed countries is that of ageism. This is demonstrated in a study by Palmore (2004), which showed that ageism is perceived to be

widespread in both Canada and the United States of America. Similarly, a study by Thornstam (2006) found this to be prevalent in Sweden as well. Hastings and Rogowski (2015) assert that the United Kingdom is institutionally ageist as policy-makers have been hyping up concerns about the cost implications of an ageing society. As a result the state has abrogated its responsibility to develop and implement policies that promote the social inclusion of older persons.

The issues of elder abuse and neglect are also increasingly acknowledged as a social problem internationally (Yon, Mikton & Wilber, 2017). According to Jackson and Hafemeister (2011), in the various manifestations of the abuse of older persons, financial abuse is the first or second most prevalent in many developed countries. A study in Canada showed a rise in the financial abuse of older persons in that country (Podnieks, 2017). It was found to be the second most common form of abuse after psychological abuse. Hence, with the increasing global population of older persons, safeguarding them from all forms of abuse is of fundamental importance.

Nonetheless, developed countries do have relatively comprehensive social policies and programmes for the care of their older persons. They also offer more systems of formal care and intervention than their counterparts in developing countries (Crampton, 2011). For example, Ryan (2014) states that Australia has a strong welfare safety net tradition, with many social protection measures including old-age pensions, Medicare and Commonwealth-funded programmes for older persons.

There is also an increasing recognition of the importance of informal support provided by family and relatives to older persons (Limbu, 2012). Limbu gives the examples of Belgium and Germany, which have a legal requirement for the family and relatives to finance care for needy older persons. In Ireland, the Health Services Executive Department of Social Protection, local authorities, and voluntary services provide a wide range of services for older people and family caregivers (Teahan, Lafferty, Cullinan, Fealy & O'Shea, 2021). Support to family caregivers includes services for protecting older people, home-care packages, means-tested benefits, and entitlements such as the carer's allowance and respite care grants. In the Chinese welfare system, the government provides a universal pension subsidy for older people (Li, Anand & Chen, 2023).

In the Global South, loneliness, neglect, and lack of or limited access to healthcare are the most perilous conditions facing older persons (Kumar & Bhargava, 2014). These researchers found that older persons in Madura, India were victims of age discrimination in the distribution of food, and facing disrespect and familial verbal abuse. Limbu (2012) also asserts that older persons in Nepal, India, experience social exclusion by family members, isolation, loneliness, and neglect because of social changes brought about by modernisation and globalisation.

According to the Republic of Uganda (2014), 29% of households of older persons in Uganda are poor, while 74% are at risk of sliding into poverty. This situation is compounded by the fact that 75% of older persons in Uganda are heads of households, largely as a consequence of HIV and AIDS, which resulted in the demise of their adult children (Bukuluki, Mukuye, Mubiru & Namuddu, 2017).

A study in rural Ethiopia revealed that older persons experienced a multiplicity of challenges. Chief among them were poverty, exclusion from public pensions, deteriorating health, limited social services, depletion of their assets, abuse, and mocking by the youth (Zelalem & Kotecho, 2020). In another study in South Africa, unemployment, food insecurity and poverty, illness, financial abuse, and vulnerability to crime were found to be the core concerns of older persons (Kasiram & Holscher, 2015).

The problem of witchcraft accusations is pervasive on the African continent. It is estimated that many older women are killed annually in Tanzania as a result of allegations of practising witchcraft (HelpAge International (2010). This is also common in Burkina Faso (HelpAge International, 2010), Kenya (HelpAge, 2021), Nigeria (Eboiyeli, 2017) and South Africa (South African Older Persons Forum (SAOPF) 2012). Thus, traditional beliefs in witchcraft still prevail in some countries in Africa (Machangu, 2015).

Although the major challenges facing the Kingdom of Lesotho are poverty, hunger and malnutrition, older persons are the poorest of the poor (Mots'one, 2014). They also experience higher food poverty at 39.3%, compared to 34.2% for the general population (International Labour Organization, 2016). In addition, older women in Lesotho are often victims of sexual abuse, witchcraft accusations, and denial of rights to inheritance (MoSD, 2014). The MoSD (2015) also asserts that 12% of older persons live alone, and of these, two out of every three are women. Older persons in Lesotho are also raising orphaned grandchildren, whose parents were victims of the HIV and AIDS pandemic (Mots'one, 2014).

THEORETICAL FRAMEWORK

The human rights-based approach which entails practice that puts humans first and places them at the centre of social work interventions, was the theoretical framework for this study (Androff, 2016). Some of its key principles are: participation, accountability, empowerment, social integration, and accessibility (Sano, 2014). As such, a rights-based approach is likely to enrich and enhance service delivery initiatives, as it integrates elements of participation and empowerment in a coherent practice framework.

A rights-based approach also aims to strengthen the capability and capacity of institutions, including the state and civil society (duty bearers), to deliver on their mandate of promoting and protecting human rights. This entails the provision of the requisite resources to enable these institutions to discharge their roles and functions (African Child Policy Forum, 2013). It also involves the empowerment of rights holders (people who do not experience their full rights) to be able to claim their rights, and to challenge structures that violate their rights (Midgley, 2015). The rights-based paradigm is accordingly an appropriate framework for responding to the challenges faced by older persons, given its emphasis on the promotion and protection of human rights.

In addition, the strengths-based approach was also employed as a theoretical framework for this study. This is mainly because it is holistic and collaborative, with an emphasis on identifying the

inner and outer resources of service users to promote resilience (Pulla, 2017). It focuses on possibilities, strengths and resources at the disposal of the client, and not solely on challenges (Sekudu, 2015). As such, it provides opportunities for service providers to exploit the resources that clients already have.

RESEARCH METHODOLOGY

The research for this study was conducted in three of the ten administrative districts of Lesotho, namely Berea, Leribe and Maseru. The study followed a qualitative approach, supported by explorative, descriptive and contextual research designs. This was instrumental in exploring the natural and real-life lived experiences of the participants.

The study population was determined and chosen in accordance with the focus or topic of the study. As such, the population for the present study was comprised of all the older persons aged 60 years and above from the districts of Berea, Leribe and Maseru, and who benefited from the services provided by the MoSD. In addition, it included all the social workers from the same districts of Berea, Leribe and Maseru.

The snowball sampling method was used to recruit older persons aged 60 years or above from the districts of Berea, Leribe and Maseru in Lesotho who had received services from the MoSD. Snowball sampling entails participants with whom prior contact had already been made referring the researcher to additional potential participants (Cavanaugh & Blanchard-Fields, 2019). Purposive sampling was applied for social workers from the MoSD in the districts of Berea, Leribe and Maseru in Lesotho.

Data were collected from older persons and social workers (SWs) employed in the MoSD by means of semi-structured interviews. Choice of sampling, which is basically about selecting who participates in a study, is one of the key decisions in the research design. In view of the fact that the sample size in qualitative studies is usually not predetermined, the principle of “data saturation” was applied (Schmidt & Brown, 2015), resulting in a sample size of 13 older persons and 11 social workers.

The data for the study were analysed following Terre Blanche, Durrheim and Painter’s (2011) five steps: familiarisation, inducing themes, coding, elaboration, and data interpretation and checking. In addition, the services of an independent coder were utilised to ensure trustworthiness.

Ethical approval for the study was obtained from the Department of Social Work’s Ethics Committee at the University of South Africa (UNISA) (Ref #: DR &EC_2016_007). The researcher also obtained permission to interview social workers from the MoSD (Ref SD/ADMIN/A5). Furthermore, it is pertinent to note that the ethical standards of confidentiality, informed consent, management of information and no harm to the participants were adhered to. More importantly, there was adherence to ethical values on the care of older persons such as respect and preserving their dignity, autonomy and self-determination (Marchesoni, Axeleson & Lindberg, 2017).

PRESENTATION OF FINDINGS

The research questions which guided this study were:

- a. What are the challenges faced by older persons in Lesotho?
- b. How can the challenges faced by older persons in Lesotho be addressed?

The findings are presented below, starting with the demographic characteristics of the older persons followed by the challenges faced by older persons, a discussion and the conclusion.

Demographic profiles of participants

The demographic profile of the participants (older persons only) is presented in Table 1 below.

Table 1: Demographic data for older persons

Participant	Age (years)	Gender	Marital status	District	No. of grandchildren caring for	No. receiving child grant
		F-female M-male				
1	64	Female	Separated	Maseru	2	0
2	65	Female	Widow	Leribe	1	1
3	67	Female	Widow	Maseru	1	0
4	69	Female	Separated	Berea	0	0
5	70	Female	Widow	Leribe	6	0
6	71	Male	Married	Leribe	0	0
7	73	Female	Widow	Leribe	8	1
8	73	Female	Widow	Berea	2	0
9	74	Male	Married	Berea	2	0
10	75	Female	Widow	Leribe	8	0
11	76	Male	Widower	Maseru	2	0
12	83	Female	Widow	Berea	0	0
13	90	Female	Widow	Leribe	2	1

Challenges faced by older persons

The responsibility to respond to social problems experienced by marginalised and vulnerable people in Lesotho, older persons included, rests with social workers in the MoSD. According to the MoSD (2015) Service Charter, services for older persons in Lesotho include: health promotion,

counselling and psychosocial support, home help, dementia care and protective services, as well as the formation of support, savings and recreational groups. In addition, the MoSD provides public assistance, placement of destitute older persons in residential care settings and referrals to relevant agencies for support, as well as awareness raising on their rights. Older persons aged 70 years and above get an old-age pension from the Department of Pensions under the Ministry of Finance.

The study found that participants experienced the following challenges: poverty, hunger and food insecurity, poor health, limited or no access to healthcare services, neglect and abandonment, and the negative attitude of nurses, the general public and Ministry of Home Affairs officials. They also experience challenges of witchcraft accusations, poor housing, lack of security, financial abuse, raising grandchildren, and accessing services from social workers. These are discussed in more detail below.

Problem of poverty

Although it is widely accepted that poverty relates to the link between the resources and livelihoods in a particular context (Sewpaul, 2014), it is an undesirable human condition manifested in inadequate or lack of basic resources that are fundamental for human survival. The study found that participants (11) were living in poverty as indicated in the following excerpts:

I have a child who was supposed to go to school. They call it NTTC [National Teacher's Training College]. Her name appeared on the list [admissions list] at the college but she failed to go for the training. I didn't know where I could get the M450 acceptance fee required before starting her studies. I tried borrowing the money from my neighbours, but to no avail. So she failed to go for the training because I didn't have the money for her fees. (Participant 8)

Another participant commented as follows:

Well, at least the financial situation gets better when I get my pension. However, the problem is that it is not enough [M550], because it does not meet all our needs. I have to provide the food, clothing and everything for these grandchildren. (Participant 13)

These comments are confirmed by the findings of a number of studies showing that older persons are among the poorest of the poor. Studies on old-age pensioners in Lesotho (Mugomeri, Chatanga, Khetheng & Dhemba, 2017; Ranyakane, 2014) showed that they live in poverty.

Hunger and food insecurity

According to Nyikahadzoi, Zamasiya, Muchinako and Dziro (2013) food security refers to a condition where people have access to enough food and other things which are necessary for a decent and healthy livelihood. The problem of hunger and food insecurity is illustrated in the excerpts below.

Ntate [sir], we are crying of hunger since we could not even plough our fields because of lack of draught power and maize seed. People are dying of hunger out there in the village. So there is a great need for food assistance. Our food security situation is a problem because of drought over the years. Furthermore, I do not even have cattle and so my fields cannot be ploughed on time. (Participant 7)

Ntate, I am separated with my husband. So my biggest challenge is getting food for survival. My situation is dire because I have virtually nothing of my own except these grandchildren and a son who is not working. I cannot get food support from anyone. The best that my family of birth could do was to give me a piece of land and that is all. It's also not like I am lazy and do not want to work in the fields. The thing is, I do not have the draught power and I do not have money to pay people who can plough for me. So when I am lucky to get assistance, my field is ploughed last, when everybody else has finished and the rains will be gone by then. (Participant 1)

On the same note, a social worker from the MoSD, which has the responsibility to provide food assistance to the poor, alluded to the lack of support to address the problem of food insecurity saying:

Older persons need food assistance. However, most of the time we are unable to provide them with the food. We go for months without getting any food supplies, because there is no money to buy the maize. (SW 10)

The comments show the gravity of the problem of hunger and food insecurity situation of some (seven) of the participants. This finding is consistent with the assertion that Lesotho is a country blighted by periodic drought, hunger and endemic food insecurity (Leduka *et al.*, 2015). The International Labour Organization (2016) lends further credence to this finding with the assertion that older persons in Lesotho experience higher levels of food shortage at 39.3%, compared to 34.2% for the general population. It is also probably for this reason that the Government of Lesotho (2014) contends that food insecurity and malnutrition are some of the major challenges confronting the country.

Poor health

As people age, health becomes a major concern (Spitzer & Mabeyo, 2017). This was confirmed by some of the participants as follows:

My major problem is that of poor health, as a result I stay at home most of the time. Hunger is also a problem because I can no longer work in the fields as much as I used to, when I was younger. You know, when you are old, you suffer from many health ailments. My feet are painful and my back aches. (Participant 2)

Yeah, my major problem is that I am sick and this has been for many years now. I have suffered a lot, my feet and hands ache and it never becomes better. You know, my age-

mates are unable to walk and I am grateful that God is still protecting me as I can still walk somehow. Yes, I go to the clinic, but it is not helping. I have now resigned to the pain and suffering. (Participant 13)

The narratives above confirm the findings of a study in South Africa by Chazan (2008) showing that older persons experience a variety of health problems, including hypertension, diabetes and arthritis. The comments also resonate with the findings of a study in Assam, India, which revealed that out of 360 older persons 15% were malnourished and that 55% were at risk of malnutrition as a result of food insecurity. Thus, the overall health status of older persons in Lesotho is generally poor, with a high prevalence of chronic comorbidities, including hypertension and arthritis.

Limited access to health care services

According to Brizay, Ross and Lutz (2015), being healthy is everyone's wish, although old age is generally spent in ill-health (Hussein & Ismail, 2017). As such, greater access to health care is essential for older persons (Atchessi, Ridde, Abimbola & Zunzinegui, 2018). Challenges relating to access to health care services are illustrated in the excerpts below:

We have serious challenges accessing the health services owing to the non-availability of doctors. The medicines are also not there at the clinics and the hospital. It is a nightmare getting medical attention because of congestion at health centers and when the doctor is not there, you are told to come another day. To make matters worse, the medicine that I need [for hypertension] is not always available. So I am forced to buy from private pharmacies; and where do I get that kind of money, my son? (Participant 10)

It is a struggle because of overcrowding and long waiting times at the clinic. I have to go with my grandchild to stand in the queue for me sometimes. You see, these people [medical personnel] don't care about our age and medical conditions. We are not given priority at all and we are required to join the queue no matter what your medical condition is. (Participant 11)

The narratives above speak to challenges relating to accessing healthcare, namely shortages of health personnel and medicines as well as long waiting periods before receiving medical assistance. The findings on the shortage of doctors and medicines are similar to those of a study which revealed that there is an acute shortage of doctors and drugs at health centers in Lesotho (Makoa *et al.*, 2009). Another study of Lesotho's health care system showed that the poor ratio of health caregivers to patients (Matlanyane, Makatjane & Lebuso, 2013).

Neglect and abandonment

According to Cavanaugh and Blanchard-Fields (2019), neglect is the refusal or failure to provide the necessities of life to an older person, whereas abandonment refers to their desertion by people

with the responsibility for their care. Nine participants indicated that they were not getting any support from their adult children. This was illustrated by some of the participants as follows:

Their parents [referring to the grandchildren she looks after] are not giving me any support. As you can see I am struggling to make a living. So this is stressing me a lot. To make matters worse, they just dump their children here claiming to go and look for work, but never to be seen again [she shakes her head in anger]. (Participant 5)

This daughter of mine [adult] went to South Africa a long time ago. She used to visit but now she has not been in touch with us in the last four years. I don't even know whether she is alive or not. She is the elder one of my two children and is supposed to be looking after all of us. (Participant 1)

The narratives show that older persons in Lesotho are experiencing neglect and abandonment. The first comment is in line with the assertion that older persons in South Africa are experiencing neglect (South African Older Persons Forum, 2012). The second confirms the view that the migration of younger generations, both domestically and internationally, in search of employment contributes to the neglect of older persons (Ugiagbe, 2017). As a result, older persons are left behind with no one to care for them, thereby exposing them to vulnerability to poverty and abuse.

Negative attitudes of members of the public, nurses and Ministry of Home Affairs officials

Nelson (2011) posits that inter-generational relations, myths and beliefs about older persons lead to negative attitudes towards them. Some participants (seven) in the study were victims of negative attitudes from nurses, the general public and the Ministry of Home Affairs officials. The unsatisfactory experiences of participants were exacerbated by the disrespectful attitudes and behaviours of some service providers, as articulated in the excerpts below.

In most cases older persons are mocked about their age even by members of the general public. People of my age are no longer respected by nurses when we go to clinics to seek medical attention. They do not treat us well and so I take this as a challenge. There was this day when I went to the clinic and do you know what the nurse told me? She told me that I am old and should not expect to be healthy at my age. So, must I die because I am old? We are so disrespected, my son [researcher]. (Participant 6)

Another participant commented:

You know, I still remember very well that I started receiving old-age pension at the age of 71 years. When I turned 70 years [age at which old age pension is received in Lesotho] I tried to register for the pension. They wanted either my ID or passport which I did not have. You know, I went from office to office at the Ministry of Home Affairs to try and get assistance with the identity documents. (Participant 10)

This was also corroborated by a social worker saying:

The rate of abuse of the elderly is very high. Some of them are mocked by members of the public when they want to access services. They are also sometimes mistreated by their caregivers who scold and shout at them whenever they do something that they consider to be wrong. (SW 7)

From the comments it is evident that negative attitudes towards older persons manifested in many ways, including mocking, disrespect and lack of interest in helping them. As such, the findings of the current study are in line with those of a survey by the WHO, involving more than 83,000 people in 57 countries. The study found that 60% of the participants had negative attitudes towards older people and that this was higher in developed countries (Schlein, 2016).

Witchcraft accusations

The belief in witchcraft, which refers to the use of magical powers to inflict harm to another person's mind, body or even possessions, is widespread on the African continent (Machangu, 2015). The challenge of witchcraft accusations is illustrated in the excerpts below.

Ntate [sir], I am called a witch in this village. It happened that some woman from this area insulted my son. So, a community gathering was called [by the village chief] and I told her that I cannot be insulted by a new comer [to the village] in this village. Well, I am a Motaung [a lion] by clan [totem] and I do not fear anyone. If you do something wrong to me, I will say you will see me [threat]. But not because I threaten to do anything except this haaa, haaa, haaa [raising her fists and laughing – meaning she can fight someone]. Then, the chief also called me a witch and the whole community started calling me a witch. They even plotted to burn me inside my house saying why is this person so arrogant? What does she trust in? (Participant 7)

In support of this phenomenon, a social worker commented as follows:

Then, we have cases of elderly women who are accused of witchcraft. They are also at risk of being disowned by their relatives who sometimes leave them on their own. (SW 7)

The narratives are consistent with those of a study in Nigeria by Eboiyeli (2017), who found the practice of witchcraft accusations to be widespread and that older women suspected of being witches were persecuted. The belief in witchcraft is also still strong in South Africa, especially in the rural areas (South African Older Persons Forum, 2012), where those alleged to be witches can be subjected to “jungle justice” by way of extrajudicial killings, burning, beatings or forced disappearance. This is also evident in Gusiiland in Kenya, where about six older persons face accusations of witchcraft every month (HelpAge International, 2021). In Uganda, older persons have also been shown to be accused of preventing rain in times of poor harvests, or causing the death of children in their communities (Namuddu *et al.*, 2022).

Poor housing

The World Health Organization (2015) states that older persons require housing that is safe and comfortable, regardless of socioeconomic status. Discomfort given the quality of their housing was illustrated by some participants as follows:

As you can see, this house is dilapidated. The roof leaks. So, when it rains the water pours into the house. I have to put water basins all over the house to collect water from the roof. We do not sleep at all when it rains at night. (Participant 10)

The other problem I have is that of water getting into the house when it rains. And hey, in winter we experience extreme coldness because of the snow. (Participant 2)

It is evident from the comments above that some of the participants lived in houses that impacted negatively on their quality of life. This exposed them to extreme weather conditions such as heat, cold, rainwater and lack of privacy.

Lack of security

The Madrid International Plan of Action on Ageing (UN, 1982) and the United Nations Principles for Older Persons 46/91 (UN, 1991) among other regional and national policies and conventions, attest to the inalienable right of older persons to protection from all forms of abuse. The experiences of insecurity were illustrated by some participants as follows:

So, I live in constant fear of being attacked and robbed of my money and belongings. You see, by myself I have no way of protecting myself or fighting back. Because of the poverty in our community, when people get to know that I have collected my pension, there is always the risk of being attacked and robbed of the money. (Participant 7)

The in-laws wanted to take her fields that she inherited after the death of her husband. They broke into her house and beat her up, breaking her foot in the process. You also find that there are older persons living alone. After receiving this pension, some people come and threaten to steal it. And then, they rape them. (Participant 10)

It is evident from the narratives that older persons are vulnerable to physical and sexual abuse, and abandonment and neglect. These findings are in line with those of a 2017 study by South African Human Rights Commission, which showed that older persons in South Africa experience sexual, physical, psychological and financial abuse (South African Human Rights Commission, 2017). As such, older persons require protection from various forms of abuse.

Financial abuse

The financial abuse of older persons refers to theft or mismanagement of their money, property or assets (Kail & Cavanaugh, 2019). Experiences of financial abuse were described by some participants as follows:

Though my adult children are not staying with me, they are always asking for money from me. And when I say I do not have any money, hey, it becomes a problem. They start making all sorts of threats, including not doing anything for me. One of them came about three months ago, when I was not around. He searched the whole house and stole some of the money that I was keeping in the house. (Participant 11)

This older grandchild of mine is a problem. No matter how you emphasise the need to be honest and trustworthy, it does not seem to help. Whenever I sent him to the shops to buy something, he does not bring back change. All the time he tells me stories or he just keeps quiet so that I forget to ask him. (Participant, 10)

These storylines are consistent with a number of research findings across the globe, showing older persons as victims of financial abuse (Bagshaw, Wendt, Zannettino & Adams, 2013). The World Health Organization (2015) also asserts that the financial abuse of older persons is one of the fastest growing crimes in the United States of America.

Raising grandchildren

Ten of the 13 participants in the study were caring for grandchildren. This was described by one of the participants as follows:

I also told you that I am raising grandchildren. At my age, this is so difficult. I do not have the money to provide for their needs. Hey, I also do not know if I am raising them properly. (Participant 10)

Another participant expressed her desperation as follows:

My biggest challenge is that my granddaughter does not attend pre-school. These other things I try to meet from the meagre pension that I get. But the fact that I am unable to pay for her school fees really pains me. So she stays at home. For her to wear shoes, I have to deny myself certain things in order to buy her the shoes. (Participant 7)

The narratives above are in line with the assertion that more than 80% of orphaned grandchildren in Zimbabwe are cared for by older persons (Mhaka-Mutepfa, 2018). Unfortunately, in the case of Lesotho (International Labour Organization, 2016), as elsewhere on the African continent, grandparent-headed households are the poorest of the poor. Although Lesotho has child grants, only a few qualify for assistance because of the means testing that is applied to determine eligibility for the service.

Accessing services from social workers

Given that older people are likely to have limiting long-term physical or mental conditions (Makore & Al-Maiyah, 2021), they experience difficulties accessing the services they require. Eight participants indicated that they wanted social workers to visit them at their homes to assess their needs. This is shown in the excerpt below:

It is important that they come here at my home, so that they understand my needs and how I am living. Otherwise without that, how do these social workers know what we are going through and what our needs are? Their offices are too far away. So, how can people like me [old and frail] be able to go to their offices to request for assistance?
(Participant 12)

The comment indicates that older persons encounter challenges in accessing services from social workers. The problem with requesting and receiving services at the MoSD offices are compounded when one considers barriers to accessing services for older persons. Analysis of the findings of the study revealed that physical difficulties (mobility) and prohibitive transport costs were impediments for participants to access services from the MoSD offices.

DISCUSSION

Generally, older persons in Lesotho are poverty-stricken and food insecure. They also have limited or no access to health care and social services. This is largely as a result of inadequate social protection for older persons, the erosion of extended family social support networks, and negative societal attitudes towards them. Thus, a number of interlocking factors contribute to chronic poverty and the food insecurity situation in the country in general, and among older persons in particular. These include periodic droughts, excessive soil erosion and limited availability of land.

Furthermore, although it is laudable that Lesotho operates a public assistance programme, alongside a universal pension for older persons aged 70 years and above, these are inadequate in addressing the underlying structural causes of poverty and the social challenges they face. This is primarily because the programmes are not designed to make recipients self-reliant. Instead their focus is on maintaining minimum living standards and satisfying their immediate needs. However, the problem with this is that it creates dependence on state assistance. Yet independent living is one of the fundamental human rights of older persons in terms of the United Nations Principles for Older Persons (UN, 1991), the African Union (AU) Policy Framework and Plan of Action on Ageing (African Union & HelpAge International, 2002), among others.

As such, public assistance and old-age pensions cannot be expected to take recipients out of poverty. Moreover, notwithstanding that the benefits of the public assistance scheme are few, only a limited number of applicants benefit from this programme, given the rigorous means testing that is applied to assess eligibility for assistance. In addition, the requirement that those requesting assistance must lodge their applications at the MoSD offices (public assistance) and Department of Pensions under the Ministry of Finance (old age pension) makes it problematic for older persons, because of the challenges of mobility owing to their advanced age and prohibitive transport costs. As a result, some older persons are excluded from accessing benefits under these schemes, thereby condemning them to living in perpetual poverty.

The decline of the extended family support system in Lesotho, as elsewhere in many other African countries, has also exposed older persons to poverty and vulnerability. This has been aggravated

by the fact that many of them have the additional responsibility of caring for orphaned grandchildren at a time when they are in particular need of care themselves. Furthermore, the combination of an under-performing economy and high levels of poverty and unemployment exacerbate the the vulnerability of older persons.

Given this situation, services for older persons should be provided from a social development perspective, if the poverty syndrome is to be averted in old age. This can be achieved through raising the amount of public assistance and old-age pensions, as well as encouraging and supporting income-generating projects and self-help initiatives. Assistance with agricultural inputs such as maize seed helps to promote food security. Such interventions also help to achieve the United Nations Sustainable Development Goals (SDGs) (UN 2030 Agenda for Sustainable Development), such as SDG 1, which is relevant to ageing-related poverty.

The achievement of SDG 1 is strategic in that it intersects with other SDGs, such as achieving zero hunger (SDG 2), good health and wellbeing (SDG 3) and eradicating inequality (SDG 10), all of which are challenges faced by older persons. Hence, a successful attack on poverty contributes to sustainable development and an improvement in the quality of life of older persons.

Furthermore, the failure to uphold the rights of older persons compromises their dignity and wellbeing. A typical example is the issue of access to healthcare, where subjecting older persons to waiting for a long time in queues before being attended to by health personnel is an affront to their dignity and wellbeing. Moreover, besides the fact that it is demeaning, and an affront to their dignity and self-esteem, standing in queues for a long time endangers the health of older persons.

Similarly, the lack of decent housing in a country characterised by extreme weather conditions such as snowfalls and hail adversely affects the quality of life of older persons. Adequate housing is a basic need for all. Moreover, it is a major determinant of health and wellbeing. There is also a link between exposure to cold and chronic diseases such as respiratory and cardiovascular diseases and poor mental health (House of Commons Communities and Local Government Committee, 2018). Thus, as stipulated in the Madrid International Plan of Action on Ageing of 2002 and the United Nations Principles for Older Persons Resolution 42/91, which Lesotho ratified, older persons have an inalienable right to housing, among other things.

Older persons in Lesotho are thus confronted with many challenges which they are unable to address on their own. This requires the intervention of social workers as they have an ethical obligation to serve disenfranchised people such as older persons. Moreover, Lesotho's MoSD, which employs social workers, is mandated to provide social welfare services to marginalised people, older persons included. It is also imperative that social workers respond to the challenges faced by older persons through the provision of the services they require and advocacy to ensure that they get social justice.

RECOMMENDATIONS

Although older persons in Lesotho (those aged 70 years and above) receive a universal pension, the amount is not enough to meet their basic needs for food, housing and health, among others. The means-tested public assistance allowance that those age 60 to 69 years get, if they qualify, is also inadequate. This is primarily because these programmes are not designed to make recipients self-reliant, as their focus is on maintaining minimum living standards and satisfying recipients' immediate needs. Nonetheless, the study findings show that poverty, manifested in financial problems, dominates most of the challenges faced by older persons in Lesotho.

It is therefore imperative to address the problem of poverty afflicting the majority of the older generation in Lesotho. There is a need not only to adjust the public assistance and old-age pension amounts upwards to a level that enables the elderly to meet their needs for food, health, income and housing, among others, but also to create opportunities for their long-term social security. This can be achieved through the adoption and full implementation of the developmental approach. This in turn involves the promotion and support of income-generating projects, building assets for the poor, and the creation of productive employment opportunities to empower older persons to become self-reliant, alongside the provision of cash transfers. This is critical, as the vulnerability of older persons does not mean that they have to be treated as victims, but rather as contributors to society (Lombard & Kruger, 2009). However, it should be noted that although Lesotho's MoSD embraced a social development orientation in 2012, its delivery of services for older persons remains welfare-oriented.

Furthermore, notwithstanding that older persons have a right to health, the participants described the challenges they faced in their pursuit of health care. They include poverty, poor health, shortage of health personnel and medicines, overcrowding at hospitals and clinics, and standing in excessively long waiting queues before receiving medical help, and negative attitude of healthcare staff. As Lombard and Kruger (2009) observe, the health of older persons is influenced by their access to medical care and nutrition. Hence, the need for intervention to address the challenges outlined above.

The issue of professional education for the care of older persons is important for health personnel. It is important in the training of health workers to include modules that focus on ageing, health promotion and disease prevention to instill positive attitudes towards older persons. On the same note, cultural values including respect for older persons should be incorporated into the general school curriculum to promote awareness of the needs and rights of older persons. In the same vein, older persons themselves and social workers should also advocate for a "no queuing" policy for them to access any type of service they require, including healthcare.

A related challenge that participants experienced is that of ageism, and the most effective way of fighting this problem is communication and awareness. Social workers and organisations working on issues of ageing should to carry out awareness-raising campaigns on the rights of older persons. The media (both print and electronic) also promote positive images of ageing and older persons.

Furthermore, regular exercise for older people in general and those with morbidities has been shown to prevent diseases, lower the risk of falls, improve mental health and wellbeing, strength, social ties and cognitive functioning (Langhammer, Bergland & Rydwik, 2018). Preventive health practices such as a healthy diet, stress management and control of lifestyle habits such as smoking and drinking can also improve the quality of life as people age (Larson, 2013). It is therefore incumbent upon health professionals, social workers and organisations providing services to older persons to educate this population group and their caregivers on healthy ageing and lifestyles to promote their wellbeing.

CONCLUSIONS

There is no doubt that Lesotho, in common with many countries globally, is experiencing the trend of increasingly large ageing populations. However, Lesotho's response to the attendant effects of population ageing has not been effective, as older persons in the country are confronted with a myriad of challenges. These mainly relate to the violation of their human rights to income, food, health, care and protection from abuse, among others. The profile of older persons in Lesotho is therefore troubling, as they experience social exclusion and vulnerability. Thus, in the wake of an upsurge in the number of people above 60 years of age, and their heightened vulnerability on account of advanced age, there is a growing need to provide social work services to older persons to promote their health and wellbeing. Social workers in the MoSD should intercede on behalf of older persons to enable them to have access to income, health, food and protection from abuse, among other human rights.

REFERENCES

- Adamek, M. E., Kotecho, M. G., Chane, S. & Gebeyaw, G. 2021. Challenges and assets of older adults in sub-Saharan Africa. Perspectives of gerontology scholars. *Journal of Aging and Social Policy*, 34(1): 108-126.
- African Child Policy Forum. 2013. *The African report on child wellbeing, 2013: Towards greater accountability to Africa's children*. Addis Ababa. African Child Policy Forum.
- African Union (AU) & HelpAge International. 2002. *AU policy framework and plan of action on ageing*. Nairobi: HAI Africa Regional Development Centre.
- Androff, D. 2016. *Practicing rights: Human rights-based approaches to social work practice*. New York: Routledge.
- Atchessi, N., Ridde, V., Abimbola, S. & Zunzinegui, M. V. 2018. Factors associated with healthcare-seeking behaviour of older people in Nigeria. *Archives of Gerontology and Geriatrics*, 79: 1-7.

- Bagshaw, D., Wendt, S., Zannettino, L. & Adams, V. 2013. Financial abuse of older people by family members: Views and experiences of Older Australians and their family members. *Australian Social Work*, 66(1):86-103.
- Brizay, U., Ross, F. & Lutz, R. 2015. Access to health care services and health politics- Worldwide dimensions, common aspects and regional differences. In: Brizay, U., Lutz, R., Ross, F. (eds.). *Access to health care services and health policy*. Oldenburg: Paulo Freire Verrlag. 9-11.
- Bukuluki, P., Mukuye, R., Mubiru, J. B. & Namuddu, J. 2017. Social protection and social work in Uganda. In: Gray, M. (ed.). *The handbook of social work and social development*. New York: Routledge, 256-270.
- Chazan, M. 2008. Seven deadly assumptions: Unraveling the implications of HIV/AIDS among grandmothers in South Africa and beyond. *Ageing and Society*, 28(7): 935-958.
- Crampton, A. 2011. Population ageing and social work practice with older adults: Demographic and policy challenges. *International Social Work*, 54(3): 313-329.
- Eboiyeli, F. A. 2017. Convicted without evidence: Elderly women and witchcraft accusations in contemporary Nigeria. *Journal of Women's Studies*, 18(4): 247-265.
- Erikson, E. H. 1982. *The life cycle completed: Review*. New York: Norton.
- Government of Lesotho, 2012. National strategic development plan 2012/13-2016/17: Growth and development framework. Maseru: GoL.
- Government of Lesotho, 2013. *The National Policy on Social Development 2014/15-2024/25*. Maseru: Ministry of Social Development.
- Government of Lesotho. 2014. *Strategic Plan 2014/15-2016/17*. Maseru: Ministry of Social Development.
- Hastings, S. J. & Rogowski, S. 2015. Critical social work with older people in neoliberal times: Challenges and critical possibilities. *Practice: Social Work in Action*, 27(1): 21-33.
- HelpAge International 2010. Discrimination against older women in Burkina Faso. Parallel report submitted to the 47th session of the Committee on the Elimination of all Forms of Discrimination against Women (CEDAW/C/BFA/6 October 2009).
- HelpAge International. 2021. *Older people in Kenya must be protected from witchcraft accusations*. 22 October 2021. [Online]. Available: <https://www.helpage.org/newsroom/latest-news/older-people-must-be-protected-from-witchcraft-accusations> (Accessed: 5 November 2021).

- House of Commons Communities and Local Government Committee, 2018. *Housing for older people-Second report of session 2017-19*. London: Communities and Local Government Committee.
- Hussein, S. & Ismail, M. 2017. Ageing and elderly care in the Arab region: Policy challenges and opportunities. *Ageing International*, 42(3): 274- 289.
- International Labour Organization. 2016. Lesotho: Universal old age pension report. Geneva: ILO.
- Kail, R. V. & Cavanaugh, J. C. 2019. *Human development: A life-span view*. 8th ed. Boston: Cengage Learning.
- Kasiram, M. & Holscher, D. 2015. Understanding the challenges and opportunities encountered by the elderly in urban KwaZulu-Natal, South Africa. *South African Family Practice*, 57(6): 381-386.
- Kumar, Y. & Bhargava, A. 2014. Elder abuse in Indian families: Problems and preventive actions. *International Journal of Scientific Research Publications*, 4(10): 1-8.
- Langhammer, B., Bergland, A. & Rydwick, E. 2018. Editorial: The importance of physical activity exercises among older people. *Biomedical Research International*.
<https://doi.org/10.11552018/7856823>.
- Larson, E. 2013. New insight into the dementia epidemic. *The Journal of Medicine*, 369(24): 257-277.
- Leduka, R., Crush, J., Frayne, B., Maccordic, C., Matobo, T., Makoa, T. E., Mphale, M., Phaila, M. & Letsie, M. 2015. *The state of poverty and food insecurity in Maseru, Lesotho*. Cape Town: African Security Urban Network (AFSUN) (Urban Food Security Series Mo. 21).
- Limbu, A. 2012. *Age structure transition and senior citizens in Nepal: The impending challenges*. (Policy discussion paper-2/2012). Kathmandu: Alliance for Social Dialogue.
- Lombard, A. & Kruger, E. 2009. Older persons: The case of South Africa. *Ageing International*, 34: 119. <https://doi.org/10.107/s12126-009-9044-5>.
- Lowenstein, A. & Katz, R. 2018. Family and age in a global perspective. In: Dannefer, D. & Phillipson, C. (eds.). *The Sage handbook of social gerontology*. London: Sage. 190-201.
- Machangu, H. M. 2015. Vulnerability of elderly women to witchcraft accusations among the Fipa of Sumbawanga, 1961-2010. *Journal of International Women's Studies*, 6(2): 274-284.
- Makoa, E., Mpemi, R., Tsekoa, L., Tlali, M., Ralejoane, N., Biesma, R., Brugha, R. & Odonkor, P. 2009. Equity and access to health services in Lesotho: Issues and challenges. *Lesotho Social Science Review*, 13: 116-140.

- Makore, B. C. N. & Al-Maiyah, S. 2021. Moving from the margins: Towards an inclusive representation of older people in Zimbabwe's policy discourse. *Societies*, 1(7): 7. <http://doi.org/10.3390/soc11010007>.
- Marchesoni, M. A., Axeleson, Y. F. & Lindberg, I. 2017. Technologies in older people's care: Values related to a caring rationality. *Nursing Ethics*, 24(2): 125-137.
- Mhaka-Mutepfa, M. 2018. Sociodemographic factors and health related characteristics that influence the quality of life of grandparent caregivers in Zimbabwe. *Gerontology and Geriatric Medicine*, 4:1-11.
- Midgley, J. 2015. *Social welfare and social development*. 2nd ed. Cape Town: Oxford University Press.
- Ministry of Social Development. 2014. *The National Policy on Social Development 2014/2015-2024/2025*. Maseru: MoSD.
- Ministry of Social Development. 2015. *Mosd Service Delivery Charter*. Maseru: MoSD.
- Ministry of Social Development & HelpAge. 2014. Priority ageing issues in Lesotho: A mapping and gap analysis of government and non-state actor policy and programme responses final report. Maseru: MoSD.
- Mots'oene, K. A. 2014. Urbanisation and ageing: The survival of the aged in an urbanising city, Maseru, Lesotho. *Journal of Emerging Trends in Economics and Management Sciences*, 5(3): 316-322.
- Mugomeri, E., Chatanga, P., Khetheng, T. & Dhembha, J. 2017. The quality of life of the elderly on old age pension in Lesotho. *Journal of Aging and Social Policy*. 29(4): 371-393.
- Nelson, T. D. 2011. Ageism: The strange case of prejudice against the older you. In: Weiner, R. L. & Willborn, S. L. (eds.). *Disability and aging discrimination: Perspectives in law and psychology*. 37-47. New York, NY: Springer.
- Nyikahadzoi, K., Zamasiya, B., Muchinako, G. A. & Dziro, C. 2013. Enhancing social support system for improving food security among the elderly headed household in communal areas of Zimbabwe. *Journal of Food Research*, 2(3): 46-54.
- Palmore, E. B. 2004. Research note: Ageing in Canada and the United States of America. *Journal of Cross-Cultural Gerontology*, 19: 41-46.
- Podnieks, E. 2017. Elder abuse in Canada: A growing dilemma in an aging society. *Innovation in Ageing*, 1(1): 106.
- Pulla, V. 2017. Strengths-based approach in social work: A distinct ethical advantage. *International Journal of Innovation, Creativity and Change*, 3(2): 97-114.

- Ranyakane, P. 2014. *Old age pension as a means of poverty alleviation in Lesotho*. Master's thesis. University of Zululand, South Africa.
- Republic of Uganda. 2014. *Draft Uganda Social Protection Sector Review: Version 1*. Kampala: Ministry of Gender, Labour and Social Development.
- Ryan, S. 2014. *United Nations Convention for the Rights of Older Persons: Older women's network event*. Sydney: Australian Human Rights Commission.
- Sano, O. 2014. The driver of human rights in charge in human development. In: Gready, P. & Vandenhole, W. (eds.). *Human rights and development in the new millennium: Towards a theory of change*. New York, NY: Routledge.
- South African Older Persons Forum. 2012. *Older persons in South Africa*. [Online]. Available: <http://www.saopf.org.za>. (Accessed: 10/08/2019).
- Schlein, L. 2016. Study: Negative attitudes towards older people shorten their lives. [Online] Available: <https://www.voanews.com/science-health/study>. (Accessed: 24/06/2021).
- Schmidt, N. A. & Brown, J. M. 2015. *Evidence-based practice for nurses: Appraisal and application of research*. Burlington: Jones and Barlett Learning.
- Sekudu, J. 2015. The helping process in social work. In: Schenk, R. (ed.). *Introduction to social work in the South African context*. 81-107. Cape Town: Oxford University Press.
- Sewpaul, V. 2014. Social work and poverty reduction in Africa: The indelible reality. In: Spitzer, H., Twikirize, J. M. & Mawarire, G. G. (Eds.). *Professional social work in East Africa: Towards social development, poverty reduction and gender equality*. 29-42. Kampala: Fountain Publishers.
- South African Human Rights Commission. 2017. *South African Human Rights Commission investigative hearing into systemic complaints relating to the treatment of older persons report*. Braamfontein: SAHRC.
- South African Older Persons Forum (SAOPF). 2012. *Older persons in South Africa*. [Online] Available: www.saopf.org.za (Accessed: 10/08/2019).
- Spasova, S., Baeten, R., Ghailani, D., Pena-Casas, R. & Vanhercke, B. 2018. *Challenges in long-term care in Europe. A study of national policies*. Brussels: European Commission (European Social Policy Network (ESPN)).
- Spitzer, H. & Mabeyo, Z. M. 2017. Social work practice with older people: Perspectives from East Africa. In: Gray, M. (ed.). *The handbook of social work and social development in Africa*. 133-144. New York: Routledge.

Teahan, A., Lafferty, A., Cullinan, J., Fealy, G. & O'Shea, E. 2021. An analysis of carer burden among family carers of people with and without dementia in Ireland. *International Psychogeriatrics*, 33(4): 347-358.

Terre Blanche, M. T., Durrheim, K. & Painter, D. 2011. *Research in practice: Applied method for social sciences*. 2nd ed. Cape Town: University of Cape Town.

Thornstam, L. 2006. The complexity of ageism: A proposed typology. *International Journal of Aging and Later Life*, 1(1): 443-68.

Ugiagbe, E. O. 2017. Decolonising social work practice in Nigeria: Moving beyond indigenisation to development. In: Gray, M. (ed.). *The handbook of social work and social development in Africa*. 271-280. New York: Routledge.

United Nations (UN). 1982. United Nations report of the World Assembly on Ageing, Vienna. Conference held from 26 July to 6 August 1982.

United Nations (UN). 1991. *United Nations principles for older persons*. Adopted by General Assembly Resolution 46/91 of 16 December 1991. [Online] Available: <http://www.ohchr.org/EN/ProfessionalInterest/pages/OlderPersons.aspx> (Accessed: 24/06/2020).

United Nations Department of Economic and Social Affairs. 2019. *World population ageing*. New York: United Nations.

Wamara, C. K. & Carvalho, M. I. 2022. Discrimination and injustice against older people in Uganda: Implications for social work practice. *International Social Work*, 64(6): 1022-1034.

World Health Organisation. 2015. *World report on ageing and health*. Geneva, Switzerland: World Health Organisation.

World Health Organisation. 2022. Ageing and health. [Online]: Available: <https://www.who.int/news-room/fact-sheets/detail/ageing & health>. (Accessed: 24/07/2023).

Yon, Y., Mikton, C. R. & Wilber, K. H. 2017. Elder abuse prevalence in community settings: A systematic review and meta-analysis. *Lancet Global Health*, 1: 356-365.

Zelalem, A. & Kotecho, M. G. 2020. Challenges of ageing in rural Ethiopia: "Old age is like the sunset: It brings disrespect and challenges". *Journal of Gerontological Social Work*, 63(8): 893-916.

AUTHOR BIOGRAPHY

Jotham Dhemba was a PhD student at the University of South Africa and is currently a Senior Lecturer at the University of Eswatini, Eswatini formerly Swaziland. His fields of specialisation include social work with older persons, social work education and training and social protection

for older persons and children. The article resulted from his PhD study, conducted from May 2016 to November 2021 and he wrote the initial draft of the article.

Mankwane Daisy Maria Makofane was a Professor at the University of South Africa (UNISA). She co-supervised the study (PhD) from January 2016 to December 2021 and assisted with the interpretation of the study's empirical data and the conception of the article. Her areas of specialisation include social work education, social work with vulnerable populations, social welfare policy and child protection services.

Maria Mabetoa was a Lecturer at the University of South Africa. She supervised the study (PhD) from January 2016 to December 2021 and assisted with the interpretation of the study's empirical data and the conception of the article. Her fields of specialisation include social welfare services for vulnerable populations, developmental social work and child welfare and protection.