

Domestic Elder Abuse: A Phenomenological Study of the Lived Experiences of
Abused Elders in Dangila Town Administration, Ethiopia

Samson Chane Kassa

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School of Social Work, Addis Ababa University

Advisor: Margaret E. Adamek (Prof.)

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Dedication

This dissertation is dedicated to Ethiopian elders suffering from
poverty, abuse and neglect

Abstract

Culturally, elder abuse in Ethiopia is not perceived as a serious problem. In Ethiopia, there are no data on the extent or types of elder abuse. To increase understanding of the issue, a phenomenological study was conducted based on the lived experiences of 15 elders (9 women, 6 men) in Ethiopia who experienced domestic abuse. Data were analyzed using interpretive phenomenological analysis. Extreme poverty was evident. Some elders owned only one outfit and shared a hut with a single bug-infested room and no electricity with multiple family members. Meals may be only bread and coffee. Poverty, conflicts of interest, physical and health conditions, death or migration of support providers, old age, disengagement from work, physical appearance of elders, shift of family values, dependency, family size, living arrangements, powerlessness, drunkenness, and sexual impotency were conditions contributing to the risk of elder abuse.

Elders experienced psychological, financial and physical abuse and neglect at the hands of caregivers, spouses, children, grandchildren, in-laws, nephews, housemaids, friends, neighbours, and employees. Abused elders suffered from loss of property, poor living conditions, hunger, diseases, denial of privacy and rights, low self-esteem, hopelessness, fear, shame, anxiety, inferiority, isolation, depression, hatred, stigma, remorse, and grief. One elder stated, "Life is meaningless without food and without a caregiver. I am ready to welcome death." Elders responded to abuse through praying, using holy water, forgiveness, silence, tolerance, sharing feelings, criticism, improving money management, begging, accusing abusers, crying, and suicide attempts. Documentation of elder abuse in Ethiopia and sharing abuse stories may contribute to the recognition of abuse as a problem deserving public attention and response.

1. Chapter One: Introduction

This phenomenological study focuses on the lived experiences of abused elders in the domestic setting. Chapter one presents the background, statement of the problem, rationale for the study, study objective, research questions, significance of the study, definitions of concepts, scope of the study, and description of the study area.

1.1. Background

In 2011 the world population reached 7 billion people, and elders age 60 and above accounted for 11% (United Nations Population Fund [UNPF] & Help Age International, 2011). By the year 2050 the global population of elderly people is expected to be 2 billion (Help Age International, 2001a). Of those 2 billion older adults, over 80% will be living in developing countries (United Nations, 2008b). In the same year, the size of the African elderly population 60 and over is projected to be 200 million. Of this number, East Africa will account for 28%. In 2011 the population size of Ethiopia was projected at 84 million with elders making up 5.2 %. The life expectancy at birth for the period 2010 - 2015 for Ethiopia is estimated to be 58 years for males, and 62 years for females (UNPF, 2011).

Mba (2007) and the World Health Organization (WHO) (2008) predicted that rapid population growth coupled with socioeconomic problems is likely to increase the vulnerability of elderly people to abuse in different countries. Some elders may lack the ability to manage such pressures that expose them to abuse. Rapid population growth will have far-reaching effects in the socioeconomic and political lives of the population (Help Age International, 2008; Nhongo, 2006).

Elder abuse is becoming an emerging global problem that has been identified as an important research agenda for the 21st century (Help Age International, 2001b; Strydom & Strydom, 2009; United Nations, 2007). Elder abuse has been known by many terms as granny-bashing, granny- battering, battered older person syndrome, elder mistreatment, and bad care (Choi & Mayer, 2000; Phillipson & Biggs, 1995). Though elder abuse is an age-old practice globally, it has only been recorded since the 19th century. In the 1970s and 1980s the USA, Canada, and the UK recognized elder abuse as a social problem, with the first research report being published in the mid-1970s (Latha, 2008).

Elder abuse is a concern of diverse fields such as social work, sociology, anthropology, psychology, law and human rights, and public health (Bomba, 2006). Elder abuse is part and parcel of social work (Paveza & Weerd, 2003). Social workers are responsible to promote the rights of vulnerable elders, and maintain their autonomy and safety through education, research and practice (Ife, 2001; Lymbery, 2005).

Social life in Ethiopia has a collectivistic nature; mutual benefit is a binding factor that drives people to build relationships. Exchange, rewards, and reciprocity are important elements to maintain relationships and have the effect of behavioural influences and exercising power at different levels among the parties. Sometimes there is a tendency to consider elderly people who decline to balance exchanges, gifts and reciprocity for different reasons as dependent and unproductive. These cultural views may have implications for the risk for elder abuse.

Traditionally in Ethiopia, the family and community understand and accept their primary roles in respecting and providing care and support to elders. However, due to the changing socioeconomic conditions and problems facing the family and community, this tradition is being disrupted which leave elderly people vulnerable to various forms of abuse that affect their well-being (Help Age International 1996; Ministry of Labor and Social Affairs [MoLSA, 2006]). Because the practice of reporting cases of elder abuse is not widely adopted in Ethiopia, it is expected that there could be many victims of abuse.

My research interest in the lived experiences of abused elders evolved from prior research projects that I conducted on older adults in Dangila Town Administration to fulfill the requirements for doctoral courses. As part of the previous research, I reviewed literature and observed the living conditions of older adults. I have conducted discussions with abused elders, community leaders, and experts working in Dangila *woreda* (an administrative unit under zone) Office of Labor and Social Affairs on the conditions of elderly people. All these activities were sources of background information about problems faced by elderly people and inspired me to identify elder abuse as a research problem for my dissertation research.

1.2. Statement of the Problem

Elder abuse is a problem in every community and among all social strata. Meanwhile it is under-recognized, underreported, and under-prosecuted (Bomba, 2006; Salari, 2011). It is largely a hidden problem committed mostly by family members in the domestic setting (Choi & Mayer, 2000). Elder abuse affects the victims, perpetrators, families, and communities (Gupta & Chaudhuri, 2008).

Elders can be productive if favourable conditions are created, and if the stakeholders (family, neighbours, community- based organizations, voluntary associations, governmental and non-governmental organizations) share and understand their problems and help them to help themselves. Some elders are vulnerable and encounter several problems including abuse.

Given the continuing growth in the older population and the increased economic vulnerability of older adults in developing countries, elder abuse is an important research problem that should be studied to find solutions to address the problem.

MoLSA prepared a ten- year (2006 - 2015) National Plan of Action to implement developmental social welfare policy on behalf of elderly people. This document gives attention to research on issues affecting older adults. It recommends collaboration with research centres and higher education institutions and utilization of the research findings to inform policies and strategies, monitor and evaluate activities, and address the problems of older adults (MoLSA, 2006). Assefa (2010) explained the rarity of data describing the situation, the socioeconomic conditions of elders, and the trend in the ageing of the population. He added that the issues associated with elder abuse in Ethiopia are not well known and sufficient study has not been conducted. A few studies (Fasil, 2011; Help Age International-Ethiopia, 2010; Kifle, 2002; Solomon, 2012) have indicated occurrence of different types of elder abuse in Ethiopia.

My research projects (that I did for the doctoral courses) on older adults in Dangila Town Administration indicate that many elders suffer from severe poverty.

The ongoing inflation threatens the living conditions of elderly people and leaves them vulnerable to socioeconomic problems. They are not able to fulfil their basic needs for food, clothing, and shelter. Children and relatives are the main source of support to elderly people. Neighbours, friends, and *iddirs*, and religious institutions are also a considerable source of support. However, the pressing economic pressure diminishes the capacity of these sources of support to adequately help elderly people. As a result, elders may not get adequate care and support from their potential caregivers, increasing the likelihood of abusive situations.

As the literature review reveals, in Ethiopia there is a scarcity of research in gerontological research in general and in the area of elder abuse in particular. Therefore, this phenomenological study described and interpreted the lived experiences of abused elders in Dangila Town Administration.

1.3. Rationale for the Study

Elder abuse presents multiple aspects that can be studied from different perspectives including social work, yet Ethiopian literature gives limited explanation about the phenomenon. Therefore, this social work research has been carried out to describe and interpret the lived experiences of abused elders by employing a phenomenological approach.

1.4. Objective of the Study

The major objective of this phenomenological study was to gain insights into the lived experiences of abused elders and to increase understanding of the overall essence of the phenomenon of elder abuse at Dangila Town Administration. This study focused on describing conditions contributing to the risk of elder abuse, types of

abuse experienced by abused elders, the impacts of abuse, and the responses adopted by abused elders to manage the problems.

1.5. Research Questions

To address the research objective this phenomenological study was guided by a central research question: What are the lived experiences of abused elders in Dangila Town Administration? Pertinent to this central research question the following subsidiary questions were framed:

- a. What are the conditions that contribute to elders being at risk for abuse?
- b. What types of abuse are experienced by elders in the domestic setting?
- c. In what ways has abuse affected elderly people who have experienced the phenomenon?
- d. How do abused elders manage the problems that they have experienced?

1.6. Significance of the Study

This study is significant to understand the phenomenon of elder abuse emphasizing on conditions contributing to the occurrence of abuse, types and effects of abuse, and the responses adopted by abused elders. This study aimed to provide insights and to build the knowledge base of elder abuse in the Ethiopian context. Findings of the study have implications for social work research, education, practice, and policy. The findings may serve as input to government and non-government organizations, community and faith-based organizations that are engaged in providing social services, and to research and training programs targeting older adults.

The study may influence the family and other stakeholders to be sensitive to abuse to improve the quality and quantity of services provided to older adults. This

study is expected to be a source of information to researchers undertaking further study on elder issues.

The study documented the voices of abused elders that are of paramount importance to convince people that are doubtful about the existence of elder abuse in Ethiopia, who undermine elder abuse as a problem, or who consider elder abuse as a problem of developed countries.

1.7. Definitions of Concepts

Domestic elder abuse

Domestic elder abuse takes place in the home and involves an informal or intimate relationship between abused elders and the abusers. A number of studies (Ferreira & Lindgren, 2008; Hallisey, 2010; Mba, 2007; UNPF, 2002; WHO, 2008) confirmed that in most cases elder abuse takes place in the domestic setting. Examples of perpetrators of elder abuse in the domestic setting are spouse, children, grandchildren, nieces or nephews, in-laws, other relatives, friends, and neighbours. Institutional elder abuse occurs in institutional settings such as hospitals, day care and long-term care centres, assisted-living facilities, and nursing homes with the abuser part of a formal care system (Brownell, 2002; McClennen, 2010).

Elders

According to the United Nations (2007), people age 60 and older are identified as elders. In the same way the Ethiopian Ministry of Labour and Social Affairs fixed age 60 as the beginning of old age and as the retirement age for government employees (MoLSA, 2006). So 60 became the benchmark age used in this study for elders.

Lived experiences

Lived experiences are part of the life-world presented as feelings, happenings and accomplishments that are lived and experienced by human beings (Polkinghorne, 2005). They are realities of life for those persons involved in different experiences (Pascal, 2010; Streubert & Carpenter, 2003). In line with the above definition, for this study, lived experiences refer to several events in life associated with abuse as experienced by elders.

Phenomenon

Commonly a phenomenon is defined as the occurrence of something in its natural setting (Dan Zahavi, 2003). Phenomena include mental activities (for example, concepts, wishes, memories, perceptions, hypotheses, and theories) and physical entities (Spinelli, 2005). Elder abuse was the major phenomenon investigated in this study.

Phenomenology

The term phenomenology is derived from the Greek word *phainomenon*, meaning appearance, something which shows itself. Phenomenology involves “bringing something to light to make it discernible to us through our sense organs, experience, and explanation” (Finlay, 2012; Tietz, 2001). Phenomenology is a science of experience that studies and illuminates the structures of shared meanings of the phenomenon experienced by individuals (Scott & McCaslin, 2003; Spinelli, 2005). Phenomenology reflects how the phenomena manifest themselves (Dan Zahavi, 2003).

Phenomenology is the study of the life world that is as Husserl described the “world of immediate experience as already there prior to critical or theoretical

reflection” (Adams & Manen, 2008, p.617). It is used to investigate, describe, and think about the phenomenon and understand meanings (Bloor & Wood, 2006; Sokolowski, 2000). Essentially, phenomenology explores individuals’ lived experiences to understand the whole image of the phenomenon (Creswell, Hanson, Clark & Morales, 2007; Laverly, 2003). Phenomenology is appropriate to explore the lived experiences of different persons (Pascal, 2010; Smith, Flowers & Larkin, 2011). As Adams and Manen (2008) put it, “every lived experience (phenomenon) can become a topic for phenomenological inquiry” (p.617).

1.8. Scope of the Study

This dissertation research focused on describing and interpreting the lived experiences of elderly men and women 60 and older and who have experienced abuse in the domestic setting in Dangila Town Administration, Ethiopia. It is likely that elder abuse occurs to a greater extent in the domestic setting than in institutional care centres. This is because the majority of elders receive care and support from the family.

1.9. Description of the Study Area

Dangila Town Administration is found in the Awi Administrative Zone (an administrative unit next to region) of the Amhara National Regional State, Ethiopia. Dangila is 480 km northwest of Addis Ababa. The town consists of 10 *kebeles* including 5 urban *kebeles* namely *kebele* 01, 02, 03, 04 and 05; and 5 rural *kebeles* comprising of Zelesa Simalta, Ziguda Gult, Zibura Kuandsha, Gargie Waketa and Bacha Demsa (see the map in the appendix).

According to Dangila Town Administration Office, in 2013 the total population size was 47,074. Of this 23,342 (49.6%) were males and 23,372 (50.4%) were females, and 30,730 (65.3%) lived in the urban *kebeles*, whereas 16,344 (34.7%) lived in the rural *kebeles*. In the urban *kebeles* the number of females (16,490=53.7%) exceeded the number of males, but in the rural *kebeles* the number of females (7,242=44.3%) was less than males.

The total number of households was 6,564. Out of this 3,981 (60.6%) were found in the urban *kebeles*, and 2,583 (39.4%) were found in the rural *kebeles*. Nearly two-thirds of households in Dangila Town Administration (urban and rural *kebeles* together) were male-headed. The number of female-headed households in the urban and rural areas was 40.9% and 25%, respectively.

Residents belong to the Amhara and Awi ethnic groups, and most of them were Amharic speakers. In terms of religion there were followers of Christianity and Islam. However, there were no recent data showing the number of population by age category, educational level, ethnic background, and type of religion.

Agriculture is the main source of livelihood for the rural population. In the urban *kebeles* many people including elders were engaged in petty business activities or work as daily labourers. Some were government employees and pensioners. Many elders depend on their children and relatives for sustenance, health care and emotional support. In general the living condition of the majority of population was characterized by a subsistence way of life.

A number of factors motivated me to select Dangila Town Administration as the study area. I lived in Dangila town and taught in the high school for some years. I

had opportunities to observe the conditions of elderly people, and to interact and discuss with elders and other persons about problems affecting elders. I observed and heard that some of elderly people were in an abusive situation.

The other factor that aroused my interest to select Dangila Town Administration as the study area is associated with the research projects that I did for doctoral courses between 2010 and 2011 and preliminary field visits there between February and August 2012. I conducted case study and action research on elderly issues in Dangila Town Administration. In addition, I held discussions with community members and leaders, elders, family members, experts working in Dangila Town Administration Labour and Social Affairs Office, health workers, and heads of the *kebele* (the lowest administrative unit under *woreda*) administration. From these discussions I learned about the often abusive situations of older adults in the study area.

I approached four elders (2 women and 2 men) through experts working in Dangila Town Administration Labour and Social Affairs Office and held interviews separately. These elders, aged 70, 73, 80 and 92, were non-literate and followers of Christianity and Islam. Two had children and the others were childless. Their living arrangements varied: they lived with a wife and children, an ex-neighbour, or alone. Elderly men earned some amount of income doing manual labour and weaving, whereas the two women were totally dependent on their neighbours.

From the interviews that I had with these elders I learned that they have experienced different forms of abuse including physical abuse, emotional or

psychological abuse, financial exploitation, labour exploitation and neglect. All of them experienced emotional abuse, physical abuse (2), financial abuse (2), labour exploitation (2), neglect (2), abandonment (1) and one person experienced denial of privacy.

Elders described examples of abuse that they have experienced in line with the different forms of abuse. The information gathered from these interviews about elder abuse in Dangila Town Administration helped me to proceed with the research project. I understood that the issue of elder abuse was a crucial research topic that needed further study.

1.10. Summary

Elder abuse is becoming an emerging global problem and has been identified as a main research agenda for the 21st century. In Ethiopia elders are victims of different forms of abuse. However, little is known about elder abuse in Ethiopia and the issue is under-researched. This phenomenological study aimed to describe, interpret, and understand the lived experiences of abused elders. The study is expected to have implications in the areas of social work education, research, practice, and policy.

2. Chapter Two: Literature Review

This chapter focuses on profiles and rights of older people, theories and types of elder abuse, the impact of elder abuse, and elder abuse studies in the global and Ethiopian contexts.

2.1. Conditions of Elderly People

Many of the older adults in Africa are non-literate and live in rural areas where services are already inadequate (Help Age International, 2008). In general, elders are highly respected and honoured in African societies. However, this value and traditional family structure are being deterred by the ongoing social and economic changes (Mba, 2007). These situations expose elders to economic and psychological stress, minimize their potential to cope with problems, and increase their vulnerability to abuse (Chokkanathan & Lee, 2006; Ferriera, 2005). In the developing world, including Africa, millions of older people are suffering from poverty and lack access to basic necessities; 80% of elders have no regular income and 100 million people earn less than 1 US dollar a day (Sowers & Rowe, 2007; United Nations, 1993).

In Africa elderly persons are the poorest of the poor and face challenges attributed to economic problems, conflicts, natural disasters, disease, deterioration of family relationships, and the negative attitudes that society has towards older people (Nhongo, 2006). They have experienced abuse, accusations of witchcraft, lack of access to or control over resources, health services, food, shelter, social exclusion and the agony of HIV/AIDS (Aged Family Uganda, 2008; Ajomale, 2007; Muzima & Matusse, 2003; Tewodros, 2000). African elders face age discrimination, denial of the

right to entitlements, employment and access to insurance or credit services, and exclusion from development programs (Help Age International, 2008).

Research reports (Help Age International, 2001a; Medhini, 1998; MoLSA, 2006) document that many elderly people cannot meet their basic needs, face health problems, and lack suitable caregivers. Many elders have the responsibility of providing care for their orphaned grandchildren who lost their parents because of HIV/AIDS. Additional research reports (Assefa, 2010; Help Age International-Ethiopia, 2010; Jember, 2007; Kassaye, 2007) indicate that many elderly Ethiopians have challenges meeting their basic needs for food, shelter, and clothing. The decline of elders' living conditions may expose them to abusive situations.

2.2. Role of Elderly People

Elderly people have many roles in the family and the community at large. The *Madrid International Plan of Action on Aging* recognized the skills, experience and wisdom of elders for promoting development (United Nations Department of Economic and Social Affairs, 2011). Elders can engage in productive work in the social, cultural, economic, and political arenas (United Nations, 2002). They are heads of the family and the community, guardians of ancestral values, diviners, traditional healers, midwives, and repositories of society's treasures, history, customs, folklores, cultural values, indigenous technologies, and wisdom.

Furthermore, elderly people settle disputes and share experiences that have relevance to the welfare of their families and communities (Ajomale, 2007; Giunta, 2010; Ministry of Gender, Labor and Social Development, 2003; Morrow-Howell & Sherraden, 2004). Elders take care of their grandchildren (Help Age International,

2008), look after homesteads, and make economic contributions engaging in farming, business, handicrafts, trades and other professions (Help Age International–Africa Regional Development Centre, 2001). According to Mba (2007), 64% of elderly people in Africa are engaged in formal and informal sectors. In the same vein, in Ethiopia elders are arbitrators, guardians of their grandchildren, heads and advisors of the family and community, and they are familiar with indigenous knowledge, and the history and culture of the country (Ministry of Labour and Social Affairs (MoLSA, 2006).

2.3. Family Caregiving and Elders

Elder care is connected with the cultural values and norms, economic and religious contexts in a society (Scharlach, et al., 2006; Sevenhuijsen, 2003). The family is the primary source of care and support of elderly people (Howes, 2007; Kaufman, Kosberg, Leeper & Tang, 2010). Family caregiving is defined as care and support of elders by family members without payment (National Association of Social Workers, 2010). The family serves as the long-term care workforce, and women especially are the leading caregivers in many countries (Gardner & Zodikoff, 2003; Ron, 2009; Sivley & Fiegner, 1984).

Family members may have defined caregiving roles such as providing emotional, social, and spiritual support and helping in decision-making related to health care, financial matters, social service systems and planning. Family caregivers are also responsible to provide food, clothing, shelter, financial, and labour support; to assist elders with dressing, bathing, housekeeping, transportation, visiting, shopping, running errands, processing paperwork, or going to medical and other appointments.

Family caregiving can be offered on part-time or full-time basis from a distance and in an elder's home or other settings (Ajomale, 2007; National Association of Social Workers, 2010). This description fits the context of family caregiving in Africa and Ethiopia.

The tradition of family care may be weakened by economic stress, urbanization, cultural changes, and the migration of caregivers (Kosberg & Garcia, 1995). An increase in multigenerational households, the health condition and relationships of the caregivers and care recipients, and the relationships among the caregivers and family members are all factors that may influence caregiving. Furthermore, social networks, the availability of resources, the number and proximity of family members, work and competing family demands, the gender of the caregiver, and family traditions and history are also factors that may affect caregiving (National Association of Social Workers, 2010). The HIV/AIDS pandemic (that caused the death of young caregivers), and the migration of the young population leaving older people behind diminish the strength of family caregiving systems (Ministry of Gender Labor and Social Development, 2003).

Care and support improves the well-being of elderly people (Howes, 2007). Caregiving may be seen as an honour and one's duty to older relatives that maintains elders' dignity and quality of life. It gives personal satisfaction through fulfilling cultural norms, family responsibility and reciprocity, and may strengthen relationships among family members and between the caregiver and the care recipient (Howes, 2007; McCassie & Sanders, 2008; Montgomery, Rowe & Karl-Kosloski, 2007; Scharlach, et al, 2006). In comparison to institutional care, family caregiving is

cost-effective and supports a large number of older people (Mc-Cassie & Sanders, 2008).

Caregiving may be full of burdens to the caregivers. Caregiver burden is the caregivers' perceptions of the adverse effects of caregiving on their emotional, social, financial, physical, and spiritual functioning (Picot & Lee, 2008). Many caregivers may experience psychological burden, role strains, depression, mental and physical health complications, and financial constraints (McCassie & Sanders, 2008; Pavalko, 2011; Ron, 2009).

Multiple factors contribute to the depression and burden experienced by caregivers. These are the care recipient's physical, functional and cognitive status, duration of illness, dependency level, the nature of the relationship between the caregiver and care recipient, the caregiver's emotional and psychological status, coping strategies, and the availability of formal and informal support systems (McCassie & Sanders, 2008). In addition, gender, educational level, caregiving environment, financial strains, daily life experiences, isolation, lack of a sense of time and reward influence the level of caregivers' burden (Zhan, 2005).

Higher stress and depression, lower self-efficacy, social isolation, and vulnerability to illness levels have been observed among caregivers more than among non-caregivers. These situations increase caregiver burden and the risk of elder abuse (Gardner & Zodikoff, 2003; Picot & Lee, 2008). Many burned-out caregivers may lack the ability to process information efficiently and solve problems immediately, neglect caregiving activities, lose empathy, lose interest in providing care and respect for care recipients, or develop negative attitudes towards care recipients. They may

feel anger and anxiety, and think that things will get better if they quit caregiving activities. Burned-out caregivers may consume alcohol in response to depression, isolate themselves, or even abuse elders receiving care (Lee, Song & Shin, 2008; Montgomery, Rowe & Karl Kosloski, 2007).

Various studies (Ministry of Community Development and Sports, 2004; Protection & Advocacy Inc., 2003; Voice of Midlife and Older Women, 2009) reported that elderly persons who are suffering from chronic diseases, and those with physical impairments, dementia and communication disorders are at greater risk of abuse at the hands of their caregivers than elders of the same age who do not have such challenges. Consistent with this finding, Lantz's (2006) research indicates that elders who have the problem of frailty, confusion, and depression are at the highest risk of abuse.

Family caregivers who are taking care of frail and chronically sick elders, and who lack support from family members, relatives and neighbours and from human service agencies are at high risk of burnout that may contribute to abuse of care recipients (Biegel, 2006; Lee, Song & Shin, 2008). To put this explanation in another way, there is a relationship between taking care of frail and chronically sick elders and the chance of experiencing burnout among family caregivers which in return may lead to elder abuse.

In Ethiopia the family bears the responsibility of providing care and support to elderly people. Particularly in rural areas, extended families are the major source of care and support to older people (Kifle, 2002). According to estimations by MOLSA (cited in Mussie, 2006) in the past in Ethiopia extended family members provided 90% of the care

and support to older people. However, the tradition of kinship elder care system is declining because of the high cost of living and poverty (Kifle, 200). In addition, HIV/AIDS is depriving many older adults of their potential caregivers including children (Kifle, 2006).

In Ethiopia providing care and support to older adults serves different functions to the care recipients, caregivers, the family and the community. Elder care can be seen as an expression of gratitude for the contribution of older adults, essentially viewed as both giving respect and as reciprocity for what they did for the family and the community.. Caregiving is helpful to reduce sufferings of older adults, and it is a source of psychological satisfaction for the caregivers. Providing care and support to older adults is an indication of continuity of important social values (in terms of elder care) in Ethiopia. Caregiving to older adults is important to prevent or reduce social problems that are related to old age, and maintain smooth relationships within the family and the community. However, caregiving challenges the caregivers' physical and health conditions, and cause burn-outs and conflicts among family members that may pave the way to the occurrence of elder abuse.

2.4. Rights of Older People

Elder abuse is a human rights issue (Podnieks, Penhale, Goergen, Biggs & Han, 2010) that social workers should focus on and act upon to enforce these rights. Although they are not specific to elderly people, the articles that are fundamental to promoting the well-being and dignity of elderly people are embodied in the *Universal Declaration of Human Rights*. According to the *Universal Declaration of Human Rights* all human beings are born free and equal in dignity and rights; they have the

right to life, liberty and security; the right to receive basic necessities, medical care and necessary social services; and the right to security in time of unemployment, sickness, old age and disability. The Declaration condemns perpetrating torture and any cruel or degrading treatment or punishment against any individual (Ife, 2001).

Some African countries have legislative instruments to protect rights of all persons including the older population. Meanwhile, poor and voiceless elders are becoming victims of abuse (Mba, 2007) ending up in power imbalances and facing suppression of their rights (Phillipson & Biggs, 1995). In the African continent, only South Africa has perhaps the most developed legal framework that targets the rights of older persons (Human Rights and Peace Centre, 2008). I think having legal frameworks emphasizes problems of elderly people, indicate concerns of the government, attracts public attentions, and it helps to take actions on legal bases. However, having a legal framework is a means to address problems of older people it is not an end by itself.

In Ethiopia there is no specific legal framework designed to protect elders from abuse (Bergeron, 2001). The Constitution of the Federal Democratic Republic of Ethiopia Article 18 no. 1, on prohibition against inhumane treatment states that, “everyone has the right to protection against cruel, inhumane, or degrading treatment or punishment” (Federal Democratic Republic of Ethiopia, 1995, p.82). Many African countries have stated rights and legal frameworks in general terms (applicable to all age groups) in their constitutions, penal and criminal codes (Human Rights and Peace Centre, 2008).

The United Nations has approved the rights of older persons and urged member states to work for its practicality. In 1991 it adopted the *UN Principles for Older Persons* that offers older people the right to independence, dignity, participation, self-fulfilment, and the right to receive care (Age Concern England, 2009). The *UN Principles for Older Persons* are linked to the *Universal Declaration of Human Rights* and reflects the interests, needs, and rights of older persons.

The principle of independence comprises access to basic necessities, health care, income-generating activities, educational and training programs, and the opportunity to live in a safe environment through family and community support and self-help. The principle of dignity refers to living in dignity, free from exploitation and abuse. Under the principle of participation older people are expected to participate in developing and implementing policies, sharing their knowledge and skills, providing community services, and establishing associations of older persons.

According to the principle of self-fulfilment, elderly people should enjoy access to educational, cultural, spiritual, and recreational resources. The principle of care allows elders to receive family and community care and protection, to have access to health care, social and legal services, to respect their beliefs, needs, privacy and the right to make decisions (Age Concern England, 2009).

In April 2002 under the auspice of the United Nations, delegates of 160 governments attended the *Second World Assembly on Ageing* in Madrid, Spain. The assembly revised the 1982 *Vienna Plan of Action on Ageing* and adopted the *Madrid International Plan of Action on Ageing* (United Nations, 2008a). The goals of the *Madrid Plan of Action on Ageing* include realizing the human rights and fundamental

freedoms of all older persons; eradicating poverty in old age; and empowering older persons through economic, political and social participation.

Other goals of the *Madrid Plan of Action on Ageing* are recognizing the importance of families, intergenerational interdependence, and solidarity for social development; and providing quality health care, support and social protection for older persons. In addition, this Plan of Action gives emphasis to strengthening partnerships between government, civil society, the private sector and older persons; and using research and technology to improve the quality of life of older persons (United Nations Department of Economic and Social Affairs, 2011).

However, severe limitations still persist among many member states of the United Nations in putting these agreements into action. Many developing countries are especially lagging behind in implementing these declarations, principles, and plans of action due to lack of human and financial resources, low levels of organizational and institutional capacity, and low political priority and commitment given to elderly issues (United Nations, 2008a). Subsequently, older people's rights to freedom from discrimination and violence, the right to social security, health, work, and the right to property and inheritance are being violated. Millions of elderly people continue to experience abuse, poverty, and social exclusion (United Nations, 2008b).

In the case of Ethiopia, in 1996 MoLSA adopted developmental and social welfare policy for elderly people and called on governmental and non-governmental organizations (GOs and NGOs), community-based organizations, and voluntary associations to support older adults. The policy emphasized that the "existing traditional and other grassroots associations of the people shall be assisted and utilized

for the initiation and implementation of developmental activities” (MoLSA, 1996, p.80). The ten- year (2006 - 2015) *National Plan of Action on Aging* identified developmental social welfare policy aimed at strengthening community-based care and the roles of elders in the community, incorporating the rights and interests of elders into the national poverty- reduction strategy, and mobilizing GOs and NGOs to implement the policy.

Considering the challenges faced by elders in Ethiopia, the plan identified the major issues as health and security, protection of the lives and property of elders, family and community care, the rights of elders, shelter, social welfare, education and training, work and income generation, poverty reduction, HIV/AIDS, gender, food and nutrition, and assisting elders in time of emergency (MoLSA, 2006). In spite of the introduction of developmental social welfare policy and the corresponding plan of action and strategies, improving the living conditions of many elders remains a challenge.

2.5. Definition, Theories and Forms of Elder Abuse

2.5.1. Definition

Elder abuse is a single or repeated act, or failure to act appropriately, that occurs in a trusting relationship between the abused elder and the abuser. Elder abuse is a group of behaviours, intentional or unintentional, involving commission or omission or negligent acts by a person that causes harm or a risk of harm to a vulnerable elderly person (Bomba, 2006; Bonnie & Wallace, 2002; WHO, 2008). Elder abuse is a fundamental betrayal of trust by the abusers who may be partners, children, in-laws, grandchildren, nurses, and social workers (Latha, 2008).

Elder abuse can take the form of financial exploitation or intentional or unintentional neglect of an older adult by the caregiver” (Barnett, Miller-Perrin & Perrin, 2011, p.586). The South African Council for Aged defines elder abuse as deliberate and unintentional physical, emotional, social and financial maltreatment of an elderly person that causes suffering (Eckley & Vilakazi, 1995).

In the Ethiopian case consistent with the above definitions, MoLSA (2006) defines elder abuse as disguising behaviours and acts inflicted on elderly persons such as physical attack, emotional maltreatment, sexual assault, neglect, abandonment, and financial, material, and labour exploitation. In this dissertation research the phenomenon of elder abuse was explored in light of these definitions.

The social construction of elder abuse varies across conditions and cultures (Salari, 2011). People may define the same situation in different ways based on their cultural values and norms. Some people may consider a certain behaviour or action as abusive, and others take it as a normal condition. For instance, a study that examined the role of culture in the perception of various types of elder abuse concluded that, physical abuse was found to be more offensive to Americans than to the Koreans. And psychological abuse was more offensive to Koreans than to Americans. Different cultures have a range of expectations about the responsibility of grown children and elders to provide care, financial assistance, and emotional support to one another (Gupta & Chaudhuri, 2008).

Perceptions and tolerance of elder abuse, social relationships, and attitudes towards elders are influenced by age, culture, religious orientation, socioeconomic and environmental factors. Understanding the cultural dimensions and identifying

manifestations of elder abuse are essential to improve elder abuse screening, increasing reporting by the victims, and encouraging acceptance of interventions (Bergeron, 2001; Mouton, et al, 2006). Interviewing elders who have experienced abuse may help reveal the cultural context of elder abuse in the study area.

2.5.2. Theories Explaining Elder Abuse

This section presents theories relevant to explaining the factors contributing to elder abuse.

2.5.2.1. Social Exchange Theory

Social Exchange Theory was developed by a sociologist George Caspar Homans in the 1950s. It borrowed ideas from economics and psychology. According to social exchange theory, people establish relationships on the bases of negotiated exchanges for mutual benefit (Burnight & Mosqueda, 2011).

The amount and the quality of gifts and reciprocity received may influence a person to develop a certain behaviour, and may affect the balance of power in the relationship. A person who gives much may have the power advantage and influence the behaviour of a person who contributes or returns less. In the case of elder abuse, there are conditions in which the abusers are economically dependent on abused elders and violate their autonomy (Burnight & Mosqueda, 2011).

Supporters of Social Exchange Theory offer the explanation that elders who are unable to give material or intangible rewards in return for receiving support from others may strain those relationships leading to abuse (Barnett et al, 2011). Similarly, Batistich (2004), (Eckley & Vilakazi (1995), and Salari (2011) added that exchange, rewards, reciprocity, avoidance of punishments and costs are important elements for

the continuity of interaction among individuals or groups. The social exchange theory is relevant to look into situations of elder abuse in the Ethiopian context.

2.5.2.2. The Socio-Ecological Model

The Socio-Ecological Model emphasizes the roles of the physical and social environment in the process of shaping human behaviour (Batistich, 2004). Ecological theory comprises several variables that encourage investigating an issue from different perspectives. Ecological theory considers cultural and societal beliefs, values and norms, social structure, age and gender inequality, economic environment, individual, family and community characteristics (Burnight & Mosqueda, 2011; Manstead & Hewstone, 1999). The socio-ecological model highlights the influence of individuals, families, groups, organizations, and communities on human behavior (McClennen, 2010). Thus, from a socio-ecological lense, social policies, public unrest, inadequacy or nonexistence of health and social care facilities and services, ageism, racism, and marginalization of elders may be seen as contributing to elder abuse (Eckley & Vilakazi, 1995; Salari, 2011; United Nations Population Fund, 2002).

In Africa the situation of elder abuse can be explained in terms of the socio-ecological model. In many African countries elders have experienced different forms of abuse within families, in communities, hospitals, care-centres, in pension- paying centres, and in government offices (Mba, 2007). In Africa vulnerability to elder abuse is related to social and economic changes, poverty, urbanization, migration, changes in traditional norms of respect and care practices, gender inequality, alcohol and drug abuse, unemployment, widowhood and inheritance issues, marginalization of the aged by the government, and beliefs in witchcraft (Ferreira, 2005; Mba, 2007; Salari, 2011).

A Socio-Ecological model is applicable to explore some of potential contributing factors that increase elders vulnerability to abuse in the Ethiopian context including: economic problems, inadequacy or nonexistence of health and social care facilities and services, decline of values and norms of respecting elders, loose ties among family and community members, inattention to elders, lack of public perception on elder abuse, and deterioration of economic and health conditions in the old age.

2.5.2.3. The Psychopathology Theory

Psychopathology theory explains the vulnerability of elders to abuse in terms of their proximity and visibility to and their dependency on the caregiver or other individuals with pathological behavioral problems (Eckley & Vilakazi,, 1995). People addicted to alcohol and drugs, or who have severe emotional problems are prone to abusive behavior (Latha, 2008). The research findings support a connection between a mentally or emotionally disturbed abuser and abuse (WHO, 2008). Due to the lack of research on elder abuse in Ethiopia, it is not known to what extent abusers are those with pathological behavioural problems. Notably, alcohol and drug addiction, and emotional disturbance may sometimes drive some persons to abuse older adults.

2.5.2.4. The Situational or Caregiver Stress Theory

The central argument of the situational/caregiver stress theory is that excessive demands and providing long term care to an elder may result in an overburdened and stressed caregiver that may ultimately create an environment for abuse (Bergeron, 2001; McClennen, 2010; WHO, 2008). The incidence of elder abuse is chiefly attributed to accumulation of stressful situations felt by the caregiver (Salari, 2011;

Sengstock, Barrett & Graham, 1984). Apparently, family members that are burnt out providing care may abuse elders (Kivela, 1995). Caregiving is stressful, and when it is coupled with economic pressures and lack of community support, the magnitude of stress, tensions and frustrations will rise up to engender abusive behavior (Latha, 2008). Kosberg and Garcia (1995) added that overstressed, unmotivated, and ill-prepared family members may become ineffective caregivers and potentially abusers.

In Ethiopia caregivers face economic problems, stress and burnout. Sometimes these inconveniences may provoke them to perpetrate abuse on older adults. The situational/caregiver stress theory gives direction to investigate circumstances that ended up in the occurrence of elder abuse.

Conditions that contributed for the risk of elder abuse are linked with explanations of the above mentioned theories. Characteristics of an abuser including aggressiveness, substance and drug addiction, temperament, cognitive factors, personality, family conflict, living arrangements and unsafe conditions, attitudes toward old age, a past history of abusive relationships, poor social networks, and social isolation facilitates the likelihood of elder abuse (Kosberg & Garcia, 1995; Latha, 2008; Strydom & Strydom, 2009). Other circumstances including gender and age, health status, poverty, and family disorganization have contribution for the occurrence of abuse. As people get older (mainly older adults), they are more likely to be vulnerable to abuse because they face cognitive and physical limitations, and illness that increase their dependency on others. Older adults and women are more vulnerable to abuse than men (McInnis-Dittrich, 2009).

2.6. Types of Elder Abuse

Forms of elder abuse include physical abuse, emotional or psychological abuse, sexual abuse, financial abuse or material exploitation, abandonment and neglect (Gorbien & Eisenstein, 2005). There is a relationship among these various forms of elder abuse; and each type of elder abuse may happen separately or in combination in different settings (Shah, Veedon & Vasi, 1995).

2.6.1. Physical Abuse

Physical abuse is inflicting or threatening to harm, and using physical force on a vulnerable elder that results in injury, physical pain, or impairment (Bomba, 2006; Gorbien & Eisenstein, 2005). Examples of physical abuse include striking, beating, pushing, shoving, shaking, slapping, kicking, pinching, burning, inappropriate use of drugs and physical restraints, force-feeding, punching, physical punishment, and pushing downstairs (Barnett, et al, 2011; Bonnie & Wallace, 2002; Sengstock & Barrett, 1986). Signs of physical abuse are bruises, black eyes, welts, lacerations, fractures, wounds, sprains, broken eyeglasses, signs of being restrained, overdosing or under-using prescribed medications, and an elder's report of being hit (McClennen, 2010).

2.6.2. Emotional or Psychological Abuse

Emotional or psychological abuse is the infliction of mental pain, anguish, or distress on an elder person through verbal or nonverbal acts (Phillipson & Biggs, 1995). It involves yelling, threatening verbally, humiliating (Bonnie & Wallace, 2002), insulting, intimidation, and harassment, infantilization (treating an older person like an infant), and isolating an elderly person from his/her family, friends, or regular

activities (Barnett, et al, 2011). Symptoms of emotional abuse are being emotionally upset, withdrawn, exhibiting unusual behaviour, or reporting emotional abuse (McClennen, 2010).

2.6.3. Sexual Abuse

Sexual abuse is defined as nonconsensual sexual contact of any kind with an elderly person (Bomba, 2006; Gorbien & Eisenstein, 2005). It includes unwanted touching, rape, sodomy, coerced nudity, sexual discussion, sexually explicit photographing, and sexualized kissing (Barnett, et al, 2011). Signs of sexual abuse may include bruises around the breasts or genital area, unexplained sexually transmitted infections, unexplained vaginal or anal bleeding, bloody or torn underclothing, and an elder's report of sexual abuse (McClennen, 2010).

2.6.4. Financial Abuse

Financial abuse or material exploitation is an illegal taking, stealing, misuse, exploitation, converting, hiding an elder's funds, objects, property or assets, and depriving and restricting an elder's access and control of her/his property (Bernatz & Evans, 2008; Bomba, 2006; Valentine & Cash, 1986). Practices of financial abuse are cashing checks without authorization or permission; forging an elder's signature; misusing or stealing possessions; and coercing or deceiving an elder to sign document/s such as contracts or wills; and inappropriate use of guardianship and power of attorney (Barnett et al, 2011). The risk factors for financial abuse are elders' mental and physical impairments that decrease their capacity to make independent

decisions; social isolation; and lack of knowledge about financial matters (Bernatz & Evans, 2008; Ife, 2001).

2.6.5. Abandonment

Abandonment is the desertion of a vulnerable elder by a person who has the responsibility for providing care to an elderly person (Bomba, 2006; Gupta & Chaudhuri, 2008). Elders may be abandoned at home, a hospital, nursing facility, or other health care institution, or at a shopping centre or other public location (McClennen, 2010).

2.6.6. Neglect

Elder neglect is the failure or refusal of the caretaker to provide adequate care, avoid physical harm and mental anguish, and fulfil obligations or duties to an elder person in terms of providing housing, food, clothing, personal hygiene, medical care, and personal safety (Bomba, 2006; Gorbien & Eisenstein, 2005). In general, types of neglect can be categorized as psychological and physical neglect, and active or intentional neglect, passive or unintentional neglect, and self-neglect (Fulmer, Lemko, Paveza & Brody, 2008; Valentine & Cash, 1986).

Psychological neglect is the failure to provide an elderly person with social stimulation or motivation. Forms of psychological neglect include verbal harassment or intimidation, threats, treating an elder like an infant, and isolating her/him from family, friends, or activities (Fulmer, Lemko, Paveza & Brody, 2008). Physical neglect is the failure of a caregiver to provide the basic needs, necessary goods and services for an elder (Sengstock & Barrett, 1986). Physical neglect happens in various forms like withholding food or water, not providing appropriate facilities for weather

extremes or health care needs; failing to provide eyeglasses, hearing aids, dentures, or other physical aids; and safety precautions. In general, physical neglect is easier to identify than psychological neglect.

Active/intentional neglect refers to occurrences in which the caregiver intentionally affects the well-being of an elder by withholding or depriving them of food, clothing, money, and so forth. Passive neglect is the unintentional failure to provide care (Payne & Gainey, 2005), that is, the caregivers do not deliberately withhold necessities, goods and services, but may be unaware of what is needed to meet the elder's needs. Passive neglect is ascribed to insufficient experience, time, energy, skills, and financial resources to provide adequate care for an elder.

Neglect is different from other forms of maltreatment in that, it is an act of omission rather than an assault or act of commission (Tower, 2002). Some of the signs of neglect are dehydration, malnutrition, poor hygiene, untreated health problems, unsafe or hazardous living arrangements, and unclean living conditions (McClennen, 2010).

Researchers like Brownell (2002) and Kosberg (1998) excluded self-neglect from the list of forms of elder abuse because unlike elder abuse, self-neglect does not involve another person as a perpetrator of acts against a victim. Rather, self-neglect is the failure or inability of elders to provide themselves with basic needs, goods and services, medication, to keep personal hygiene, emotional well-being and safety, and manage their financial affairs due to mental and physical health problems, chronic pain, depression, loneliness, financial worry, and loss of independence (Payne & Gainey, 2005). Likewise, this study excludes self-neglect as a form of elder abuse.

2.7. Extent of Elder Abuse

According to WHO (2008), in developed countries the prevalence rate of elder abuse in the domestic setting has been estimated to be between 4% and 6%. Taking this figure as a point of reference, it is possible to assume that the majority between 94% and 96%-of family caregivers do not abuse elders. Indeed, it may be useful to undertake a large survey representing both the Global North and South to come up with a better estimate of the number of family caregivers who do not abuse elders.

As cited in Hokenstad and Roberts (2011) according to WHO (2010) report about 1-10 percent of older adults in the world have experienced different forms of abuse. Out of 565,747 reported abuse cases in the U.S. in 2003, the majority (89.3%) of victims were abused in domestic settings, while 6.2% of elders were abused in long-term care centres (McClennen, 2010). In the domestic setting the main perpetrators of abuse were females (52.7%); adult children (32.6%) and other family members (21.5%). Of these abusers, 75.1% were under 60 years of age. Abused elders have experienced financial exploitation (20.8%); emotional or psychological abuse (13.9%); physical abuse (12.5%); and sexual abuse (0.7%). Among the abused elders, females accounted for 65.7%, and age wise 42.8 percent of the victims were 80 years and older (McClennen, 2010).

A study in the UK showed that 2% of the studied elders were subjected to physical and sexual abuse, and 25% of elders experienced neglect, i.e., they were deprived of basic needs (Center for Research and Study on Ageing, 2004). In another study in the UK one out of 40 elders had experienced abuse; the abusers were partners (51%) and other family members (49%) (National Centre for Social Research, 2007).

Buzgová and Ivanová (2009) conducted cross-cultural research on elder abuse in the USA, Canada, Sweden, and Germany. They found that in the US 10% of nursing staff committed physical abuse and 40% perpetrated psychological abuse. In Canada 20% of employees noted that elderly people were abused in their institution. In Sweden 11% of employees were aware of elder abuse that was taking place in their institution. In Germany the percentages of employees who committed physical and psychological abuse reached 23.5% and 53.7%, respectively.

In African countries, for example in Ghana within a nine month period (from January to September 2004), a total of 2,500 women including elderly women suffered from various forms of abuse. Among these women 837 (33.5%) were sexually assaulted, 130 (33.5%) were abducted, and 1,358 (54.3%) were battered (Mba, 2007).

In South Africa elder abuse has been identified since the mid-1980s as a serious problem. The prevalent elder abuse practices in South Africa include sexual abuse of elderly women by sons and grandsons, accusation of witchcraft, marginalization, disrespect, and financial abuse (Ferreira & Lindgren, 2008). According to the UNFP (2002) report, elder abuse has contributed to making violence and injury one of the leading causes of death in South Africa. Family members beat and even killed elders to take their money and property. Nearly 90% of financial abuse is perpetrated by family members and is sometimes accompanied by sexual abuse of older women.

According to the Tanzanian Legal and Human Rights Centre, within the five years from 2004 to 2009, 2,585 elderly women in Tanzania (that is 517 elderly women annually) were killed in eight regions where witchcraft was widely practiced (Help

Age International, 2011). In Kenya elders are often denied access and control over their own resources, and suffer from physical assault, insults, threats and neglect (Olum, n.d). As one study indicates, 60% of older women in Kenya were deprived of food, warm clothes, medical treatment, and adequate shelter by their daughters-in-law (Nhongo, 2006). In Ethiopia there is no large-scale national survey documenting the incidence and prevalence of elder abuse.

2.8. Impact of Elder Abuse

Elder abuse has an impact on abused elders, the abusers, the family, and the community. For elders abuse may result in loss of financial resources and property, malnutrition and dehydration, deterioration of health conditions, feelings of loneliness, loss of self-esteem, injury and death, impoverishment and begging (Bernatz & Evans, 2008; Help Age International Africa Regional Development Centre, 2001).

Abused elders may suffer from anxiety, depression, hopelessness, suicide, and decline of power, anger, hatred, sleeping difficulties or nightmares, fear, concentration difficulties, shame, and feelings of guilt (Rabiner, O'Keeffe & Brown, 2005; Reingarde & Tamutiene, 2010; Sherman, Rosenblatt & Antonucci, 2008). Elder abuse limits daily activities and exposes victims to social isolation, loss of dignity, sadness, and feelings of helplessness (Bomba, 2006; Bonnie & Wallace, 2002; Brozowski & Hall, 2005).

Perpetrators of elder abuse may be humiliated and isolated by family members and the community, and they may lose their jobs. Elder abuse may deprive family members and communities of the opportunity to learn from the experiences of elders (Gupta & Chaudhuri, 2008). It aggravates family conflict, causes loss of property,

weakens social solidarity in the community, and perpetuates poverty among elderly people (Help Age International–Africa Regional Development Centre, 2001).

2.9. Studies on Elder Abuse

2.9.1. Global Context

Only three decades have elapsed since the publication of the first journal article on elder abuse. Elder abuse remains under-researched in Latin America, Asia, and Africa in comparison with the USA, Canada, Australia and some European countries. Therefore, “more information is needed from Asia, Africa and Latin America to increase our understanding of international efforts to address elder abuse and to continue to share recent research and promising initiatives” (Podnieks, Penhale et al., 2010, p.157).

There are variations in the distribution of elder abuse research that can be contrasted as developed and developing countries, urban and rural areas, and domestic and institutional settings. Dozens of studies on elder abuse have been conducted, but mainly in developed countries. Studies on elder abuse have been conducted, but mainly in developed countries. Even these studies tend to emphasize the urban and domestic settings, and largely employ quantitative methods (Podnieks, Anetzberger et al., 2010). Walsh and colleagues (2010) criticized the current status of global research on elder abuse for its failure to incorporate diverse samples in the studies, relying heavily on quantitative methods, and giving little attention to investigating the lived experiences of older people themselves.

In developed countries there is still a need to undertake further research on elder abuse in the institutional setting, and on the prevalence and contexts of elder

abuse. Due to the scarcity of research, it is recommended that in the developing world research on various issues pertinent to elder abuse, particularly the causes and nature, prevalence, intervention, and program evaluation should be carried out (Podnieks, Anetzberger et al., 2010). In Africa there is no adequate information about older people and little research has been conducted on issues that affect the lives of elders, including elder abuse. Even the available research results are not being communicated across countries (Help Age International, 2001b; Macionis, 1999; Mba, 2007). Clearly, there is a research gap in the area of elder abuse in Africa. Likewise, in sub-Saharan Africa information and research about the situation of elders is scarce (Zachary & Dayton, 2003).

2.9.2. Ethiopian Context

There are few research reports that provide a glimpse of information about elderly people in Ethiopia. Kifle's (2002) anthropological study on old age and social change in the rural village of Goshwuha in the district of Ensaro, in Amhara Region explored the life situation of elders. The study identified problems of elderly people including lack of proper care and support, vulnerability to socio-economic problems, and various forms of abuse: emotional, physical, financial, abandonment and neglect. The perpetrators of elder abuse were children, grandchildren, family members, relatives, neighbours, and the community. The scholarly literature addressing elderly issues in Ethiopia is minimal and focuses on the socioeconomic problems of elders, problems facing the families in providing care and support to elders, and factors influencing the traditional values and functions of the family (Assefa, 2010; Kassaye, 2007; Jember, 2007).

Mussie (2006) studied the consequences of HIV/AIDS in the traditional support networks of the elderly in Arada Sub-City, Addis Ababa. The findings show that social exclusion, abuse, psychological stress and trauma are the problems of elderly people. According to a report of Help Age International-Ethiopia (2010), among the homeless elders studied in Addis Ababa, many have experienced discrimination, abuse, and violation of rights. Getachew (2007) pointed out factors affecting the living conditions of elders like changes in values, family structure, demographic characteristics, roles of the family, and urbanization.

Setegn (2010) studied community-based elder care in Awuramba, in Amhara Region. This exploratory study focused on mechanisms of providing support for elders; tasks of community members to support elders; selection criteria used to identify elders entitled to community-based care; and the interaction of elders with community members. The findings show that support provided to elders under the community-based care system was encouraging. The study did not mention elder abuse.

Fasil (2010) studied the effects of institutional care on older persons in Kaliti Institutional Care Centre for the Elderly in Addis Ababa. This study revealed economic and health problems, weak ties with children and family members, and lack of support from children and other relatives forced elders to become institutional care recipients. The study identified the social and psychological impacts faced by elders who lived in the institutional care centre. Elders complained about conflict among themselves; limited contact with nearby community members; lack of respect from community members; and negligence of some children to visit and support their aging

parents. Some of older adults were not happy to live in the institutional care centre, and they experienced loneliness, depression, sleeplessness, and discontent

Solomon (2012) used a phenomenological approach to study the lived experiences of 6 abused elderly people in Bishoftu Town, Oromiya Region. This study provided insight about the feelings attached to aging, gender and elder abuse, risk factors for elder abuse, types of abuse, consequences of abuse, and coping strategies employed by abused elders. The study found older adult related conditions that contributed to elders for the risk of elder abuse such as extreme aging, physical deterioration, chronic illness, dependence on others, poverty, and behavioral problems. Conditions of the abusers (poverty, drug addiction and behavioural problems) contributed to the occurrence of abuse.

Both female and male elders faced emotional, physical and financial abuse at the hands of children, spouses, grandchildren, neighbours, young people, and taxi drivers. None of the study participants experienced sexual abuse. Elders used prayer and politeness to cope with abuse. This study raised important ideas in relation to conditions contributing for the risk of abuse, types and consequences of abuse, and coping strategies employed by the victims. However, these issues were not investigated and described in detail. Solomon (2012) suggested further study to look into various components of elder abuse in Ethiopia.

The above mentioned studies are useful to illuminate the conditions of elderly people but they are not enough. There is little literature and research on elderly issues

in Ethiopia. There is a research gap in the area of elder abuse that necessitates further study.

The issue of elder abuse has several researchable thematic areas that can be addressed through qualitative and quantitative approaches. Some important areas for research related to elder abuse in the Ethiopian context include: social construction of elder abuse, culture and elder abuse, perception of elder abuse, national socioeconomic survey of older adults, survey of elder abuse, incidence and prevalence rate of elder abuse, contexts for the risk of elder abuse, and problems experienced by abused elders and intervention strategies. Moreover, elder care in the family, community and institutional settings; poverty, older adults and caregivers; characteristics of the abusers and abused elders, attitudes towards older adults; gender and physical disability; intergenerational family relationships and elder abuse, human rights, caregiver stress, and policy issues are considerable areas for future research.

This study sheds light on the phenomenon of elder abuse based on the lived experiences of abused elders. This study addressed its objectives of describing conditions contributing to the risk of elder abuse, types, impacts, and responses to abuse. Beyond this, in one way or another, the study discussed important aspects of elder abuse-some of them are identified as thematic areas for research. Elder abuse is an under-researched and timely issue that should be studied by researchers from different academic backgrounds.

2.10. Summary

Older people in Ethiopia and other African countries face socioeconomic problems that threaten their well-being and dignity. Elderly people have many roles in

the family and the community. The family is the main source of care and support of elderly people. Elder abuse is a human rights issue. Ethiopia introduced a ten year (2006 - 2015) National Plan of Action to enforce developmental social welfare policy but barriers to implementation has slowed progress in bringing about the expected change.

Elder abuse is a single or repeated act, or failure to act appropriately, that happens in a kind of a trusting relationship between the abused elder and the abuser. It is a group of behaviours, intentional or unintentional commission or omission or negligent acts by a person that cause harm or a risk of harm to a vulnerable elderly person. Elder abuse can be explained in terms of social exchange theory, the socio-ecological model, psychopathology theory, and the situational or caregiver stress theory. Some of the risk factors for elder abuse are characteristics of an abuser, family conflict, gender and age, health status, and poverty. Elder abuse is categorized as physical, emotional or psychological, financial abuse or material exploitation, sexual abuse, abandonment and neglect.

Little global research has been done on elder abuse, particularly in Latin America, Asia and Africa. The current trend of research on elder abuse has limitations, giving less attention to diverse samples and to the lived experiences of older people and marginalized groups, and it employs largely quantitative methods. In Africa information is scanty about elder abuse; even the available research results are not widely disseminated. A review of Ethiopian literature reveals a major research gap in the area of elder abuse.

3. Chapter Three: Research Methods

This chapter describes the philosophical orientation of the study, the research design, the research process, the rationale for selecting hermeneutic phenomenology, and the selection of research participants. In addition, the methods of data collection, data collection procedures, strategies for ensuring credibility, data analysis, and ethical considerations are described.

3.1. Philosophical Orientation of the Study

The research philosophy or research paradigm is a collection of beliefs or assumptions and models that is considered to be appropriate to explain the phenomenon. The research philosophy shapes the research process, types of research design, and data collection methods (Creswell, 2007; Donmoyer, 2008; Dudley, 2005).

This study was guided by assumptions of the constructivist paradigm. The epistemology of constructivism views knowledge as being created through social interaction (Golafshani, 2003; Halldorsdottir, 2000). *Constructivism* recognizes mutual influences between individuals and society in constructing and sharing knowledge and giving subjective meanings to their experiences. It accepts the existence of multiple realities, subjective meanings, and the dynamism of knowledge depending on the context (Golafshani, 2003; Halldorsdottir, 2000).

Constructivism gives direction to understanding human experiences by taking their views into account (Creswell, 2003; Golafshani, 2003). Research participants are encouraged to express their feelings and construct meanings of the phenomenon they experienced. Researchers are expected to emphasize the perspectives of individuals, to describe and interpret their experiences (Kalof, Dan & Dietz, 2008).

3.2. Qualitative Research Design

This study used a qualitative approach since its principles are appropriate for describing and interpreting the lived experiences of abused elders. Lived experiences are the subject of qualitative research methods (Polkinghorne, 2005). Qualitative research is interpretive in nature (Stake, 2010) and follows a holistic approach to understand the issue in detail (Yin, 2011).

The focus of qualitative research is on investigating personal experiences and their meanings in their natural and context-specific settings (Creswell, 2007; Kalof, Dan & Dietz, 2008). Various literature (Denzin & Lincoln, 2008; Flick, 2002; Halmi, 1996; Krauss, 2005) explained the nature of qualitative research. Accordingly, qualitative research is informed by social constructivist ontology, reality is seen as complex, dynamic, and socially constructed, and the social world is bounded with layers of meanings originating from the diversities in the contexts of human experiences and interpretations.

3.3. Rationale for Selecting Hermeneutic Phenomenology

Phenomenology is one of the approaches in qualitative research design. It is an ideal research approach to study the phenomenon of elder abuse in depth, to gather rich accounts to produce detailed descriptions of experiences that can be a lesson for others. Phenomenology describes and interprets various aspects of phenomenon, including perceptions, attitudes, beliefs, feelings and emotions experienced by people. Phenomenology assumes that people observe, define, interpret and construct meanings to events that have value in their lives (Denscombe, 2007). Understanding the essence of experiences comprehensively by exploring cultural, situational, and social contexts

is the concern of phenomenology (Buzgová & Ivanova, 2009; Halldorsdottir, 2000; Robbin, Chatterjee & Canda, 2006).

Hermeneutic phenomenology is one of the categories of phenomenology. The word hermeneutics originated from the Greek verb *hermeneuein*, which means to interpret, to make clear or to understand (McManus, 2007). Since the ancient times hermeneutics has been used as an approach to interpret classical literature, biblical and legal texts that gradually led to the foundation of modern hermeneutics (Freeman, 2008; Panerson & Williams, 2002; Zweck, Paterson & Pentland, 2008).

Martin Heidegger (1889–1976) contributed much to the advancement of hermeneutic phenomenology. He was influenced by the ideas of Immanuel Kant (1724–1804), Friedrich Schleiermacher (1768–1834), and Hans-Georg Gadamer (1900–2002). Kant thought that every phenomenon can be interpreted in reference to our prior understanding. For Schleiermacher, interpretation and understanding are not easy tasks; they demand having exposure to the social world (Freeman, 2008). Human beings cannot detach themselves from the world. These explanations imply the importance of prior knowledge and experience to interpret and understand the phenomenon further (Benner, 2008).

Heidegger criticized Husserl's concept of bracketing in phenomenological study. Bracketing refers to disregarding prior knowledge, experiences, understandings, explanations, and personal views about the phenomenon (Smith, Flowers & Larkin, 2011). Heidegger argued that it is difficult for researchers to separate themselves from the world and to shade accumulated knowledge and experiences since they are connected to the society and share many things that bind them together. To use the

words of Heidegger, an inseparability of individuals from the world (both social and physical world) is termed as “being-in-the-world.” Ultimately, Heidegger’s arguments against the concept of bracketing laid the work for the development of hermeneutic phenomenology, also called interpretative phenomenology (Pascal, 2010).

In hermeneutic phenomenology realities vary across time, cultures, and individuals. They are the result of textual interpretations constructed by the researchers and research participants (McManus, 2007; Panerson & Williams. 2002). Hermeneutic phenomenology focuses on the process of understanding, interpretation, and the truthfulness of human experiences, as well as taking its meanings, habits, practices, and skills taking social, cultural, and political contexts into account (Benner, 2008; Freeman, 2008; McManus, 2007).

Hermeneutic phenomenology is consistent with the objectives of the study, the research question, and the research philosophy and design. The interpretive and descriptive nature of hermeneutic phenomenology, its context-based and holistic approaches, and epistemological and ontological premises are important to explore the lived experiences of abused elders.

3.4. Selection of Research Participants

Purposive sampling was used to select 15 research participants. This technique is applicable for different approaches of qualitative research design including phenomenological study (Creswell, 2007; Sandelowski, 1995). Purposive sampling is used to select persons who have the knowledge and experience about the phenomenon to address the topic being studied (Alston & Bowles, 2003; Bloor & Wood, 2006; Dattalo, 2008; Polkinghorne, 2005). The number of participants was fixed to 15 to

include individuals from different backgrounds and to produce rich accounts of their experiences.

To identify research participants, I contacted and briefed experts working in Dangila Town Administration Labour and Social Affairs Office, health extension workers, elders, and community leaders, and *kebele* (an administrative unit at the grass root level) officials on elder abuse. They helped me to get further information about potential research participants based on the criteria set. Literature dealing with causes, symptoms and examples of elder abuse, and characteristics of abused elders served as a source of information to assist in selecting elders to participate in the study.

The inclusion criteria for participants included persons of both genders, age 60 years or older, those who have experienced abuse in the domestic setting within the past 12 months, had no cognitive functioning problem, residing in Dangila Town Administration, and willingness and ability to provide relevant descriptions of their experiences of abuse.

3.5. Methods of Data Collection

In-depth interviews are the key data collection method for phenomenological study and to understand participants' experiences (Alston & Bowles, 2003; Bloor & Wood, 2006; Denscombe, 2007; Panerson & Williams, 2002; Pathfinder International, 2006). Interviews are useful to get a complete picture of the context and to understand the experiences of participants (Lewis, 2003; Path Finder International, 2006). The interactive nature of in-depth interviews allows flexibility to cover issues under discussion, probe, and explore the participants' reasons, personal issues, attitudes,

intentions, emotions, feelings, opinions and beliefs (Burgess, 2005; Buzgová & Ivanova., 2009; Legard, Keegan & Ward, 2003; William, Crano & Brewer, 2002).

Open-ended interview guides were framed based on the literature and research questions. The sections of the interview guide consisted of the background of study participants; contexts for occurrence of abuse, types and effects of abuse; problems experienced by abused elders; and concerns and responses of participants to the abuse. Additional questions were framed based on participants' responses. The interview sessions were conducted from September 2012 to January 2013 at the interviewees' homes, at a churchyard, and in an open field under the shadow of a tree where there was no one around to interrupt. The length of the interviews ranged from 43 to 94 minutes, with an average of 74 minutes.

Alongside the interviews, I wrote field notes describing the settings; physical appearance, facial expressions and emotions of participants; and my feelings, reflections, and observations. I closely observed the homes of the abused elders, sanitation and arrangement of household utensils, and latrines, farmlands, and settings in the neighbourhoods.

Prior to the interview I built rapport with the participants through the gate keepers and briefed them on the purpose of the study and the sections of the interview guide. The participants expressed their informed consent verbally to take part in the study, and then we fixed a convenient place and time for the interview. Initially, I contacted 20 people and selected 15 abused elders (9 females, and 6 males) for in-depth interviews, and I eliminated 5 elders as they had no experiences of abuse. A pilot study of the interview guides was conducted with two research participants to

make some amendments. I personally conducted the face-to-face interview sessions with 15 older adults using an open-ended interview guide prepared in Amharic. After getting permission from the participants, the interviews were tape recorded.

3.6. Data Collection Procedures

Based on the suggestion of Legard, Keegan and Ward (2003), I followed these procedures during the interview sessions. Having completed preliminary activities for interviews, I started by collecting data on the profiles of participants. Starting the interview with background questions created smooth conditions to proceed to the rest of the interview questions exploring conditions contributing to the risk of abuse, types and effects of abuse, the concerns of study participants and their responses to abuse. I used probes to encourage interviewees to give further explanations.

Before closing each interview session, I asked participants to add some points, to draw a conclusion about their experiences of abuse, and to express their feelings about the interviews. Participants expressed that they enjoyed the interviews, and felt some respite by disclosing their feelings about their experiences of abuse. I did not encounter any problems that hindered the progress of the data -collection process. All of those involved, including participants of the study, Dangila Town Administration Office officials, Dangila Town Administration Labour and Social Affairs Office and experts, the *kebele* administration offices, the gatekeepers, community members and leaders assisted me in facilitating the process of data collection.

I tried to create a comfortable condition to study participants to share their lived experiences freely. There was no third person during the interview--only me and the participant. The time and place of interviews were arranged in the interests of each

participant to avoid certain inconveniences. Older women did not face any potential problem holding cross gender dialogue with me on their lived experiences. In the study area culture was not a barrier to male researchers conducting cross gender dialogues on the issues of elder abuse with older women who experienced the phenomenon.

Some of the study participants had momentary feelings of sadness, remorse, and anger when they narrated their experiences of abuse. I advised some of them to be emotionally stable. They accepted the advice and continued sharing about their experiences. The participants felt happiness amid the interview sessions when they explained exciting events that happened in the past. I had an informal discussion with participants after closing of the interview sessions. I thanked participants for devoting their time and energy to sharing their experiences. I gave some money to research participants after the interview sessions in return for their contributions.

3.7. Credibility of the Study

Credibility is a very important issue in qualitative research. Researchers show the value of their research projects when they explain trustworthiness (Given & Saumure, 2008). Techniques used to ensure trustworthiness and credibility in qualitative research are described in various sources (Brophy, 2009; Creswell, 2007; Given & Saumure, 2008; Jensen, 2008; Mays & Pope, 2000; Stake, 2010). Credibility refers to methodological procedures, sources of data, and the linkage between the views of research participants and the researchers' interpretation. Credibility is concerned with the feasibility of the research project, the appropriateness of the research design and

methodology, the selection of research participants, and inclusion of their views in the study (Jensen, 2008).

To attain credibility of the study, participants were encouraged to describe their lived experiences precisely and adequately. The methods and procedures used in the study and the interpretations and research findings are presented genuinely. I conducted field work for three months in different periods from August 2012 to January 2013. The clarity of the interview guide was examined during the pilot interviews. Identifying and describing categories of interview responses, providing a thick description of the data and settings, member checking, and getting feedback from my research supervisor were procedures that were employed to enhance the credibility of the study.

3.8. Data Analysis

Interpretative phenomenological analysis (IPA) was used to analyze the data. IPA is informed by hermeneutic phenomenology; therefore, its selection to analyze the data was reasonable (Finlay, 2012; Smith, Flowers & Larkin, 2011). IPA combines both descriptive and interpretive processes to analyze the data to help understand participants' lived experiences (Cresswell, Hanson, Clark & Morales, 2007; Smith, Flowers & Larkin, 2011). IPA entertains the perspectives of research participants and the researchers in data analysis and interpretation (Fade, 2004; Kalof, Dan & Dietz, 2008; Ritchie, 2003). This study utilized interpretative phenomenological data analysis procedures. As cited in Creswell (2007), and Smith, Flowers and Larkin (2011) the procedures of IPA outlined by Moustakas and Creswell were followed.

Initially, I listened to the tape-recorded interviews repeatedly and transcribed them in Amharic verbatim, and then translated each one into English. Local terms

were italicized and described. I re-read all of the transcribed texts and field notes, and listened to the audio-recording to fully comprehend and get closer to the data.

The next procedure was the initial noting or what involved focusing on the texts, recording and identifying significant phrases or statements related to the participant's experience, writing personal thoughts and feelings, and making margin notes or coding for specific themes using descriptive words.

The other important step was developing the emerging themes. The main activities done under this step were reading the transcribed texts again, listing each non-repetitive and non-overlapping statement, classifying significant statements into meaning units, and clustering them into larger themes.

The next task was searching for connections across 86 main emergent themes. All of 86 main emergent themes were listed, their patterns examined, and related themes were clustered together to create 11 larger categories or super-ordinate themes with new codes related to the objectives of the study and the research questions. These super-ordinate themes comprise of: sources of support, types of support, factors influencing provision of support to older adults, conditions contributing to the risk for elder abuse, types of abuse, characteristics of perpetrators of abuse, relationships of perpetrators and abused elders, duration of abuse, problems experienced by elders, concerns of abused elders, and responses to elder abuse. Overlapping and repetitive expressions were checked and deleted.

The other procedure is known as *composite description* or group description. After analyzing the data obtained from each of the 15 participants separately, they were then synthesized or clustered in line with the themes to describe, interpret, and

present them in an aggregated form. In order to elaborate some points and provide verbatim accounts, cases or examples were included in the descriptions.

In the final step of data presentation, findings of the study are presented, described and interpreted exhaustively in a separate chapter (Chapter 4). Data showing participants profiles; sources of support for older adults; the number of perpetrators, abused elders, and duration of experiencing abuse; and types of abuse are presented in tables. In Chapter 5 and Chapter 6 the discussion and conclusion are presented respectively.

3.9. Ethical Considerations

When undertaking research it is crucial to adhere to ethical issues to protect participants. These ethical issues are discussed by several authors. For instance, Mack, Kathleen, Macqueen, Guest and Namey (2005) and Marczyk, DeMatteo and Festinger (2005) explain ethical principles in research. Miller and Brewer (2003), Lewis (2003) and Barsky (2010) describe how to protect the rights of research participants.

I considered ethical issues throughout the research process. I received approval of my dissertation research proposal from my advisor and the School of Social Work at Addis Ababa University. I secured an official letter from the School of Social Work that helped me to approach different offices and community leaders to get their assistance. Participants were informed about the purpose of the study, their roles, benefits of participating in the study, and the possibility to cease their participation, and to refuse to answer some questions for their own reasons. Participants expressed their willingness to take part in the study and share their lived experiences of abuse. I obtained informed verbal consent from all the participants.

Participants were treated in an ethical manner; their dignity and autonomy were respected. The principle of confidentiality was maintained by altering identifying information about the participants, and using pseudonyms in the research report. The recorded interviews, transcribed texts and field notes were stored properly to maintain their security and confidentiality.

3.10. Summary

This study adopted a social constructivist philosophy or paradigm which accepts the construction or creation of knowledge through social interaction and existence of multiple realities. A qualitative research design, specifically hermeneutic phenomenology, was utilized. Hermeneutic phenomenology is appropriate to explore lived experiences, and to interpret and describe events and situations. Purposive sampling was employed to select 15 older adult participants who had experienced abuse in a domestic setting in the past year. Using open-ended interview guides, face-to-face individual in-depth interviews were conducted with research participants in Amharic language. Attention was given to ensure trustworthiness and credibility of the study. Interpretative phenomenological analysis (IPA) was applied to analyze the data. Ethical issues were seriously considered throughout the research process.

4. Chapter Four: Data Analysis

4.1. Profiles of Participants

This section contains profiles of 15 older adults who have experienced abuse and participated in the study as interview respondents. Profiles of participants are presented in two ways. First, profiles of all study participants are presented in an aggregated form. Second, a brief description of each participant's profile is presented to share more about his or her background. Components of profiles included gender and age, marital status, level of education, religion, area of residence, occupation, number of children, living arrangement, housing, and physical and health conditions.

4.1.1. Gender and Age

Table 1: Participants by gender and age category

Age Category	Female	Male	Total
Young old (60 to 74 year)	5	2	7
Middle old (75 to 84 year)	3	-	3
Old old (85 and older)	1	4	5
Grand Total	9	6	15

As *Table 1* shows, a total of 15 older adults (9 females and 6 males) participated in this study. Participants fell into three age categories namely: young old (60 to 74 years) consisted of 7 older adults (F= 5 and M= 2); middle old (75 to 84 year) consisted of 3 males; and 5 participants (F=1, M= 4) were in the third age category of the old-old (85 and older). The age range of participants was 64 to 93 and average age was 77 years. There was a 24 -year difference in age between the oldest and the youngest participant.

4.1.2. Marital Status, Education, Religion and Residence

Concerning their marital status, of the elderly men, 3 were married and lived together with their wives, 1 was divorced, and the remaining 2 men were widowers. All 9 of the elderly women were widows.

Regarding their level of education, formerly 5 elderly men (Kebede, Jemberu, Dawud, Tamiru, and Girma) were able to read and write very well. Currently, among these 5 elders, Dawud, Kebede, and Tamiru continued reading but they were unable to write. The other 3 elder men (Fikirte, Yalew, and Zewditu) described that previously they were able to read and write their names barely but this day they have forgotten what they have learned in the national adult education campaign in 1979 and 1980. Jemberu and Girma ceased reading and writing due to sight problem. Girma expressed that he converted his religious book to a fly swatter because he was unable to read due to vision problems. From the beginning 8 older adults (Almaz, Bekelech, Hedja, Medina, Lemlem, Emebet, and Senayit) were never able to read or write.

Study participants were followers of Christianity (12 persons) and Islam (3 persons). Among followers of Orthodox Christianity 2 women were nuns (Almaz and Bekelech), 1 elderly man was a monk (Jemberu), and 2 participants (Lemlem and Kebede) received the Holy Communion in the Orthodox Church which is considered as a sign of religiosity. Most of the participants (7 women and 3 men) lived in the town, whereas the remaining 5 participants (Almaz, Bekelech, Girma, Kebede, and Jemberu) lived in the rural areas.

4.1.3. Occupation

Table 2: Older Adults' Previous and Current Occupation

Name & Age	Previous Occupation	Current Occupation
Females		
Almaz, 85	Farmer	Retired
Bekelech, 76	Farmer	Making and selling handicrafts, and begging
Emebet, 70	Spinning cotton, and a housemaid	Housemaid
Fikirte, 64	Commercial sex worker, selling local drinks (<i>areki</i> and <i>tella</i>), selling cereals, spinning cotton, preparing and selling handicrafts from grass	Selling cereals
Hedja, 80	Washing clothes, selling green pepper, and collecting and selling firewood.	Selling green paper
Lemlem, 70	Spinning cotton, preparing and selling local drinks like <i>areki</i> and <i>tella</i>	Relying on the support of neighbours, relatives and generous persons
Medina, 65	Daily labourer: making <i>injera</i> , brewing and selling <i>keribo</i> (alcohol free local beer), and washing clothes	Relying on support from generous persons
Senayit, 80	Housemaid, preparing <i>tella</i> and <i>injera</i> , spinning cotton, and collecting and selling firewood	Begging
Zewditu, 65	Commercial sex worker, and selling food and drinks	Selling food and drinks
Males		
Dawud, 90	Weaver and teaching the <i>Quran</i>	Teaching the <i>Quran</i>
Girma, 92	Farmer and weaver	Retired
Jemberu, 90	Farmer and caravan trader.	Retired
Kebede, 93	Farmer, and judge	Retired
Tamiu, 66	Shepherd and porter	Carry goods, and begging
Yalew, 73	Farmer, and daily laborer (digging a well, animal slaughter, plastering a house)	Retired from farming and maintained other jobs

Table 2 depicts the previous and current occupations of the study participants. Previously, older adults were engaged in various occupations to earn income such as farmers, judge, traders, weavers, and teacher of the Quran. They worked in petty trade and other income-generating activities such as: spinning cotton, selling cereal, green

pepper, food, local drinks *areki* (homemade traditional Ethiopian alcohol) and *tella* (a kind of traditional beer prepared in the house), malt used to prepare *areki* and *tella*, handicrafts made of grass, and firewood. Two older women who were living with HIV/AIDS engaged in commercial sex work for 25 or more years. Some years ago older adults were working as a shepherd and a housemaid.

The current means of livelihood for the older adults was daily labour such as digging a well, plastering walls with mud, slaughtering bulls or cows, carrying goods, washing clothes, making *injera* (traditional bread made of grain), and brewing *tella*. Indeed, there is an older woman who still serves as a housemaid. These petty trade and related income-generating activities and daily labour were dominated by older women.

In terms of the occupational distribution of the participants, 9 were working two or more jobs during old age as they did as they did before. However, they explained that they were becoming less productive in their work compared to previous times. In Ethiopia nuns and monks have religious roles and they hold different occupations. In the study area and other places there are nuns and monks running agricultural and household activities and engaging in petty trade. During the interview period some of the participants completely retired from their previous occupations, and others continued doing their previous jobs fully or they quit due to health problems, physical disability, or tiredness.

Many of the participants reflected that they had a strong work spirit but they could no longer work because of declining health or strength. Meanwhile, retired persons did not sit idly. They assisted with household chores, were involved in housekeeping and caring for children and grandchildren, and they advised family members and neighbours. .

Three older adults considered begging as a survival strategy. For different reasons those older adults who were able to support themselves and the family were forced to start begging and look toward the generosity of others.

Owing to land ownership, knowledge and skill, and families' limited material and financial assets, 7 older adults appeared to be the main breadwinners in their respective households. These persons had economically dependent household members, for example, wife, children, grandchildren, and housemaid. There were other family members doing various jobs to subsidize the family income.

Rural older adults had economic relations with the sharecroppers who entered an agreement with the older adults who owned agricultural land to cultivate the land and received two-thirds or three-quarters of the total agricultural product. Five older adults had ownership rights to their farmlands. The sharecropper was responsible to do all the agricultural activities: plowing, sowing, weeding, fertilizing, and harvesting. In most cases, the sharecroppers were the sons and relatives of older adults.

Based on the explanations of the study participants and my observations, most of the participants led a subsistence way of life. There were even times in which some of the older adults spent the whole day eating only a loaf of bread and a cup of coffee. They had no reserve clothes. They wore 1 dress or 1 trouser and 1 coat or 1 jacket for 2 or 3 years, day and night. For example, Almaz, an 85-year-old nun had no reserve dress so she had to borrow a dress from her brother-in-law when she wanted to wash her own patched dress which was full of lice and fleas. Almaz wore a round white cape (which symbolized her nun-hood) which was infested by lice, and was so full of dirt that its colour turned into black. During the interview sessions, Almaz was brushing her body continuously.

The possessions of some older adults were comprised of agricultural land (the 5 rural participants owned on average 1.4 hectares of agricultural land), a house, household goods, and ornaments. Among the 15 participants, 5 had some amount (in hundreds of Ethiopian birr) of reserve money to be used for emergencies, to cover medical expenses, and to cover expenses related to funeral processions when they die.

Participants gave due attention to payments to church service and their memorial feasts after death. For instance, Girma, 92, suffered from hunger, he had no reserve clothes, and he was totally impoverished. In spite of the severity of the problems, he was not interested to sell his heifer and buy food and clothes that he needed. Girma frequently advised his eldest son to sell the heifer and use the money to cover expenses for his (Girma's) funeral and church services, and to prepare a memorial feast, which is considered as a sign of dignity to the deceased person, his family and relatives. Almaz did the same thing. She sold her ornaments some years ago and gave the money to her closest relative and warned her to use it for the purpose of her own (Alma's) funeral procession and to prepare a memorial feast.

4.1.4. Children

In Ethiopia children are considered as assets for their parents. They are highly expected to give care and support to their parents. This is one of the reasons why parents want to have more children. On the basis of this expectation, data was collected on the number of children born to each participant, and the number currently living or deceased (see Table 3 below). Among the 15 study participants, 11 (6 men and 5 women) had 66 children, that is each elder had 6 children. Of the 66 children, only 36 (55%) were

living. Each older adult lost on average 3 or more children (computed for 11 elders).
Four of the women did not give birth to a child.

Table 3: Participants' children

Participant	Gender	Number of Children Born	Living	Deceased
Almaz	F	3	2	1
Bekelech	F	2	2	0
Dawud	M	7	0	7
Emebet	F	0	0	0
Fikirte	F	0	0	0
Girma	M	9	7	2
Tamiru	M	4	1	3
Hedja	F	5	3	2
Jemberu	M	9	5	4
Kebede	M	8	7	1
Lemlem	F	0	0	0
Medina	F	3	2	1
Senayit	F	6	1	5
Yalew	M	10	6	4
Zewditu	F	0	0	0
Total		66	36 (55%)	30 (45%)

A variety of circumstances lead to the death of the sons and daughters of participants, thus depriving their parents of potential caregivers. For instance, Dawud, 90, had 7 children, and unfortunately all of them passed away because of sickness, accident, and fighting in the battle field Dawud and his blind wife felt deep sorrow; they were taking care of their orphaned grandson. Dawud thought that if his children were alive they would support him and he could live a better life. Senayit, 80, lost 5 children to death because of diseases including HIV/AIDS. She had only 1 surviving daughter. During their lifetimes Senayit's children were providing care and support to their mother. She

explained that the loss of her children made her life miserable. Senayit was taking care of her HIV orphaned grandson.

The 36 surviving sons and daughters of participants were aged between 9 and 65. Among adult children there were students, farmers, petty traders, daily labourers, a guard, a waitress, commercial sex workers, shopkeepers, a physician, and government employees working in different sectors. In addition, some of the participants had grandchildren, sisters and brothers, in-laws, distant and close relatives, neighbours and friends. One female participant had a surviving mother. Participants had relations with these relatives at different levels.

4.1.5. Living Arrangement

Table 4: Older adults by living arrangement

Older adults	
Living with	Number of older adults
Wife	1
Wife and grandson	1
Wife, children and grand-children	1
Children	1
Grand-daughter	1
Grand-daughter and grand-son-in-law	1
Son-in-law and grandchild	1
Neighbor	1
Housemaid	1
Alone	6
Total = 15	

Table 4 presents data on the living arrangement and household size of the study participants. Out of 15 older adults, 9 lived with family members including wives, children, grandchildren, son-in-law, grand-son-in-law, housemaid, and neighbour and 6 lived alone.

4.1.6. Housing

Table 5: Ownership and house type

Ownership type	Number
Private	7
Government owned rental house	7
In neighbour's house, rent-free	1
House type	Number
Wooden walls, floors plastered with mud, and roof covered with corrugated iron	13
Hut with wooden walls, floors plastered with mud, and a roof covered with grass	2

The type of house ownership and house types inhabited by older adults are shown in Table 5. Accordingly, 7 older adults lived in private houses. Seven others lived in government-owned rental houses. One older woman continued to live with her neighbour as a housemaid. Older adults who lived in rental houses paid 10 to 20 birr (US Dollar 0.55 to 1.09; during the interview 1US Dollar was equivalent to 18.25 birr) per month. These rental houses were located in town. Only one older woman was exempted from paying house rent, taking her economic problem into consideration. Most of the older adults (n=13) lived in a type of house constructed from wood and its walls and floor were plastered with mud, and the roof was covered with corrugated iron. The second type of house inhabited by 2 rural older adults was a hut with a grass roof.

Many of the participants both in the rural and urban areas had no access to electricity. None of older adults who lived in the town had their own piped water in their compound. In the town older adults obtained water from public pipe water stations, and in the rural areas streams are their main source of water. In the rural areas people fetched water from streams or a well. I observed all of the houses where the 15 older adults lived. The nature of many of the houses can be explained as follows. They were old and needed

renovation; they did not have enough space to accommodate the household members properly, and they had a single room, single door, and single window (if any). That single room served as a bedroom, dining room, and kitchen. There was not enough light in the house even during the day time, and the homes were not well ventilated.

The houses had leaky roofs, and the walls had holes that allowed the entrance of wind, light and cold that may be harmful to the family members. Many houses had no proper latrine. If it was there it was a kind of pit, it was located close to the house, and it was not managed properly allowing diffusion of a bad smell into the house that contributed to asthma and common colds. The houses were poorly furnished. They were unclean some with an unpleasant odour, and the household goods were full of dirt and were disorderly. The roofs and walls were covered with smoke as there was no separate room for the kitchen. In some houses it was common to see fleas and bugs moving on the wall and across the floor. The fleas and bugs also infested the beds and the hides and skins used for the purpose of sleeping and sitting.

4.1.7. Physical and Health Conditions

Table 6: Physical problems of older adults

Physical Problem	
Type	Frequency
Sight defect	4
Fatigue	4
Difficulty walking	4
Blind	2
Partial hearing impairment	2
Joint problems	1
Limped foot	1
Occasional body shaking	1

The data displayed in *Table 6* reveals 8 types of physical problems and their occurrence among study participants. The most common physical problems experienced by older adults were sight defect (4), fatigue (4), and difficulty walking (4), followed by blindness.

Table 7: Types of health problems among study participants (n=15)

Health problem	
Type	Frequency
Hypertension	5
Severe headache	5
Hip fracture	4
Sleeping disorder	2
HIV/AIDS	2
Heart attack	2
Utrial prolax (cervical problem)	1
Frequent nightmare	1
Depression	1
Asthma	1
Alcohol addiction	1
Epilepsy	1
Continuous tearing of an eye	1
Kidney problem	1
Rheumatism	1
Dental problem	1

The study participants explained the types of health problems they encountered, mentioning 17 types of diseases, some of them chronic. Table 7 shows that the leading diseases that affected older adults were hypertension and severe headache (n=5 persons for each type of disease), followed by hip fracture that affected 4 persons. Two participants each were affected by a sleeping disorder, HIV/AIDS and heart attack. The other diseases mentioned, namely, utrial prolax, frequent nightmares, depression, asthma, alcoholic addiction, epilepsy, continuous tearing of an eye, kidney problem, rheumatism, and dental problem affected 1 person each.

Table 8: Older adults affected by physical problems and diseases

Number of physical problems	Number of older adults affected	Number of diseases	Number of older adults affected
1	7	1	8
2	4	2	3
3	1	3	3
No problem	3	6	1
Total = 15		Total = 15	

As shown in *Table 8*, 7 older adults had one type of physical problem, 4 persons had 2 types of physical problems, and 1 person experienced 3 types of physical problems. The remaining 3 persons identified no physical problems. Regarding prevalence of diseases, 8 older adults were affected by 1 type of disease, 3 persons had 2 types of diseases; another 3 persons experienced 3 types of diseases. One person was affected by 6 diseases: heart failure, frequent night mare, migraines, a hip fracture, body shaking, shaking, and a sleeping disorder. Based on this evidence, it is possible to infer how physical problems and poor health conditions could affect the lives of older adults.

4.1.8. Brief Descriptions of Participants

Almaz

Almaz, 85, was a nun and a widow. She was non-literate and lived in a rural village. She had 2 sons and 1 daughter. Her children were farmers living in distant places in the rural and urban areas 70 to 100 km away from Almaz. Almaz's daughter who lived nearby died in 2009 from a serious illness. Almaz did not have her own home. She lived in a little hut with her orphaned granddaughter, grandson-in-law, and great-grandson and she obtained support from them. Almaz's sister and nieces and cousins lived closer to

Almaz and they provided minimal support. Formerly, farming was her major occupation. She stopped making and selling *areki* and spinning cotton after she became blind in 1995.

Almaz owned a quarter of hectare of land used to grow maize. She looked after the house and cared for her great-grandson. Pottery and daily labor were the means of livelihood for her granddaughter and grand-son-in-law. Almaz suffered from headaches, hunger, and physically she was slim and weak. She wore dirty and ragged clothes full of lice and fleas. I observed that Almaz had the potential to understand ideas quickly and explain her views clearly. She was not able to move around without the assistance of another person which restricted her social relations with relatives, friends and neighbours.

Bekelech

Bekelech, 76, was a widow and non-literate nun. She had 2 children who were living in the rural areas engaging in agriculture. Bekelech lived alone in her own home close to (about 20 metres) her son's house. She used to depend on farming for her subsistence. Bekelech obtained limited social support from her son, grand-children, and daughter-in-law. She owned 1 hectare of land which was cultivated by her son. She received $\frac{1}{4}$ of the agricultural product during the harvest season, and $\frac{3}{4}$ of the product was appropriated by her son.

Bekelech tried to generate income by making and selling a kind of plate made from grass used for winnowing grain. She took 2 weeks to prepare 1 plate and sold it for 8 birr or \$.43. Bekelech was a hard worker and she was strongly motivated to utilize her time and energy to improve her living conditions. In terms of her health, she complained of joint problems and fatigue. To some extent Bekelech maintained her relationships with relatives and neighbours.

Dawud

Dawud, 90, spent most of his life as a teacher in the *madrasah* (Islamic religious school) and as a weaver. He was well versed in the teachings of the *Quran* (the Holy Book of Islam) and thus he gained respect among the Muslim community. All 7 of his children have died. Dawud lived in the town with his wife and 10- year- old orphaned grandson in a government owned rental house paying birr 20 (US Dollar 1.09) monthly. His wife became blind in 2003. She suffered from hearing loss and her health condition was poor. For her safety, she was locked inside the house when Dawud and their grandson went out of the home. Dawud did not have many relatives in Dangila town.

Dawud was teaching the *Quran* in the mosque. In return for his religious services he received money, food and other gifts from generous persons. He was a weaver for many years until 2009. Before 2003 his wife was subsidizing the household income through spinning and petty trade. The death of his children caused him and his wife deep sorrow and deprived them of proper care that resulted in the deterioration of their physical and health conditions. According to Dawud, his frequent crying exposed him to visual problems. He also felt severe tooth pain and hip fractures.

Emebet

Emebet, 70, lived in Dangila town. She became a widow 40 years ago. Following this event, she intended to live in the church and to become a nun, but she could not realize her interest. She was not able to read and write. She had no children. All of her sisters and brothers and many of her relatives were deceased. Emebet was living in her own house that she inherited from her mother. In 2002 Emebet was deceived by her neice and lost ownership rights to her house, negatively affecting her life in different ways.

For the last 10 year Emebet lived with her neighbour as a housemaid. Before she became a housemaid, she spun cotton to earn money. Currently she served as a housemaid to get income. Emebet was dependent on the goodwill of her employers. She had no any other source of support. She suffered from epilepsy for 30 years, and her right eye teared continuously. She seemed confused and desperate in her way of life. Emebet spent most of the time in the house, and her social relationships were weak.

Fikirte

Fikirte, 64, was born in the rural area and married at the age of 13. After a while Fikirte divorced her husband and fled to Dangila town and became a commercial sex worker for many years. Fikirte remembered that she was one of the most beautiful commercial sex workers in the village. She had many customers and so she was able to make more money. In 1991 Fikirte married a retired soldier and quit commercial sex work. In 2005 Fikirte's husband died from HIV/AIDS and she became a widow. Fikirte has undergone an HIV test and started anti-retroviral therapy (ART) in 2008.

Fikirte was making money from selling local drinks and cereals, spinning cotton, and preparing handicrafts from grass. In addition, she received birr 130 pension. She was sterile and so did not have any children. Among the interviewed elders, Fikirte was the only one to have a living mother. She had siblings, close and distant relatives in Dangila town and other places and they checked on her intermittently. Fikirte had loose social relationships with neighbours, friends and community members compared to her past experiences. She was a member of People Living with HIV/AIDS, (PLWHA) and the *kebele* women's association. She lived alone in a rental house and paid birr 20 (US Dollar

1.09) monthly. Fikirte could write her name poorly. She was in a good humour and active in her communication.

Girma

Girma, 92, was a widower. He attended church education. His wife was seriously sick and died in 2007 leaving him children that were 9 and 12 years old at the time of the interview. Girma felt sad when he saw his 2 kids because he could not provide them proper care. Of his 10 children, only 6 were alive and engaged in agriculture and petty trade. He lived with his two youngest children in his own dilapidated, old and little hut close (about 20 metre) to his son's house. He got support from his son and daughter-in-law. He lived in the same place for 77 years.

Girma was a well-known farmer and weaver in his rural village until 2009 when he discontinued his jobs. He acted as an arbitrator among individuals and groups. He had a heifer and 1.5 hectare of land which was cultivated by his son. In accordance with an agreement with his son, Girma received 1/3 of the agricultural produce annually, and his son as sharecropper took 2/3 of the yield. Recently, he was physically collapsed, in a desperate situation, and his social relationships and contributions declined. He had loss of hearing and vision problems.

Hedja

Hedja was 80 years old. She was not able to read and write. Her husband died 30 years ago so she had to bear the burden of taking care of her children by herself. Hedja gave birth to 5 children, but only 2 daughters were still living. Hedja's daughters were married and lived in Dangila town. These daughters were economically dependent on

their husbands who were government employees. In recent times, they started selling green peppers to subsidize the household income.

Hedja was not comfortable with the conversion (induced by economic problem as Hedja reflected) of her daughters into Orthodox Christianity that loosened her social relationships with them. Hedja had limited contact with her relatives and neighbours. Occasionally, she received financial and material support from her daughters and relatives. She lived with her granddaughter, a teenager and a school dropout from grade 6. Hedja washed clothes, collected and sold firewood and green peppers to support the family. Now, Hedja discontinued other activities except selling green peppers. . In 2003 her left foot became limp because of rheumatism; she also had the problems of hip fracture and utrial prolax.

Jemberu

Jemberu, 90, lived for 63 years with his wife in a rural area until he divorced her in 2006. He attended church education that enabled him to read and write. He had 9 children, 4 of whom (2 women and 2 men who were government employees and his supporters) passed away. He was a monk and he lived alone in his own house which was located about 15 meters from his daughter's home. Previously, Jemberu was a farmer and part-time caravan trader along the Ethio-Sudanese border. Currently, he relied mainly on the support of this daughter (a farmer and petty trader) and her children. His assets included 2.5 hectares of land and a house. He contracted this plot of land to the sharecropper and received $\frac{1}{4}$ of the total yield yearly, whereas the sharecropper took $\frac{3}{4}$ of the total agricultural product.

Jemberu was an influential public figure in his locality and he served as a spokesperson in his community. He suffered from rheumatism in his hip and knee that caused difficulty in walking and in getting up from sitting. He spent most of his time in bed which hindered his social relationships. He moved out of the house assisted by his daughter or any other person to get sunlight and to use the bathroom. He had the problems of hypertension, headaches, and sight defect.

Kebede

Kebede, 93, was a widower who lived in a rural hamlet. He received the Holy Communion in 2003 after the death of his wife. He was fond of reading religious books. He had 8 children (4 men and 4 women) who were leading their own lives residing in different towns. He lost his eldest son some years ago. He continued to live in his house with a housemaid due to the dispersal of his children. Kebede received financial and material support from his eldest son. Before his retirement Kebede was a judge and a farmer. He was a renowned patriot during the five year (1936-1941) resistance movement against the Italian occupation. He had a good background in church education and a strong understanding of the criminal and civil codes that enabled him to be promoted to the rank of a supreme judge at the district level.

Kebede received 150 birr (US Dollar 8.21) monthly as a pension payment. His major assets were comprised of a house, a cow, and 2.5 hectares of land. He received 1/3 of the agricultural produce from his sharecropper annually. Kebede has hypertension, and a stroke left him paralyzed, inhibiting his mobility to the point where he has been bedridden for the last 8 years. As a result, he was detached from relatives and community members. I appreciated Kebede for his powerful memory and eloquent narration of

historical events and personal matters that happened 80 years ago. Kebede died in August 2013, seven months after the interview.

Lemlem

Seventy year old Lemlem was non-literate and she lived in Dangila town. She became a widow 14 years ago, and she received the Holy Communion in the Orthodox Church. She had no child so she felt sad and lonely. Until her retirement her sources of income were spinning cotton and preparing and selling local drinks, collecting and selling firewood and animal dung. She lived alone in a small single-room rental house owned by the government. Lemlem was well known in preparing and selling of local beer and *areki*.

Formerly, Lemlem and her husband enjoyed a better life eating good foods, wearing attractive clothes, and attending different occasions with their relatives and neighbours. She had relatives in the rural areas but they did not support her. She was seriously sick for the last 6 months. She had problems of hip fracture, headache and hypertension, and difficulty walking. Lemlem's friends, neighbours and other generous people provided her with food, drinks and money. She was dissatisfied with her living conditions and with the decline of her social relationships and dignity. She was attentive and had the ability to articulate ideas.

Medina

Medina, 65, was a blind widow and was non-literate. She felt deep sorrow when she remembered her childhood and old age life experiences. Medina lost her mother during her childhood and she was badly treated by her step-mother. She migrated from Gondar to Dangila town and served as household servant for many years. Medina had 3 children (her eldest child died in 1993) fathered by 2 men. Medina's husbands died from a natural death

and she encountered many challenges bringing up her children. Medina's daughter was poor and could not feed her own 2 children properly; however, she shared what she had with her mother and visited her frequently. Medina's daughter worked in petty trade and earned money from selling potatoes and onions. Sometimes former friends and neighbours of Medina visited her and brought her food and drinks. Medina received *zakkat* (an Arabic word meaning alms) from the mosque during religious holidays. Medina had no contact with her relatives living in Gondar.

Medina was restless to make her daily bread doing different tiresome jobs including making *injera*, brewing and selling *keribo* (alcohol free traditional beer), and washing clothes. She lived alone in a rented house owned by the government. Medina had a neighbour who shared the same roof separated by a wall. She became blind in 2007 and quit her previous occupations. She experienced several health problems such as heart failure, frequent nightmares, migraines, a hip fracture, occasional body shaking, and a sleeping disorder.

Senayit

Senayit, 80, was a widow and non-literate. She served as a housemaid in the houses of local nobilities and landlords since her childhood. Later on she came to Dangila town and engaged in different activities like preparing *tella*, baking *injera*, spinning cotton, and collecting and selling firewood to support her family. Out of her 6 children, she had only one daughter (who was poor and sick) left. Senayit's children lived in Dangila town and they were daily labourers and petty traders. They were living hand-to-mouth.

Senayit's daughter died because of HIV/AIDS in October 2012. Up until she died, her daughter was taking care of Senayit. By the time this interview was conducted, Senayit was living with her son-in-law (that is the husband of Senayit's late daughter) and orphaned grandson. Senayit's son-in-law and his 4- year- old kid (that is, Senayit's grandson) were HIV/AIDS patients and they used ART. Senayit was in charge of managing the house, doing house chores, and taking care of her grandchild. She lived in a rented house and paid 20 birr (US Dollar 1.09) monthly. She was leading a destitute life, and she had weak social relationships. She had no relatives that provided care and support. Senayit relied on begging along the streets, in the church yards, and along streets. She had sight problems, headaches, and difficulty walking.

Tamiru

Tamiru, 66, attended church education. He lived in Dangila town in a small house together with his wife. Three of his children were deceased, and he had one son remaining. Tamiru was disappointed by the acts and behaviours of his wife, son and neighbours. His son was a guard in a hotel and he earned very little money. Tamiru's brothers and sisters were not alive, and his relations with some of his relatives who lived in distant places were interrupted for a long period of time.

Tamiru was a shepherd, a porter, and he was engaged in begging. His wife prepared and sold malt used to brew *areki* and *tella*. Tamiru rendered various services in the church up until 2 years ago. He assisted priests, cleaned the church, rang the bell, beat the drum, lit candles, burned incense, ran errands, and distributed the holy water to church attendants. He was not a healthy-looking person. He was skinny, lonely, depressed, desperate, and fatigued. He was starved and had bruises on his body.

Yalew

Yalew, 73, was non-literate. He was the father of 9 children, three of whom were deceased. His daughters were daily labourers, shopkeepers, and a waitress living in different towns. He lived with his wife, 2 children, and 2 grandchildren in a small house that had 2 partitions. He was a hard-working man who tried to overcome the challenges of daily life. Yalew got support from his wife and children. He was committed to working to support him and the family.

Yalew developed different work experiences to broaden his job opportunities and maximize his income. Previously, Yalew and his family enjoyed a better life, and he was a respected person in the neighbourhood and the community. They had sufficient food and clothing. Yalew did not anticipate that in old age he would face severe problems of getting adequate food and clothing, and mistreatment by others. He had formerly been a farmer (he quit this job some years ago) and daily labourer. More recently, he supported his family by digging a well and pits for latrine, slaughtering a cow and bull, and plastering a house with mud. Yalew had social relationships with neighbours and community members, and was involved in social affairs. He was addicted to alcohol, asthmatic and hypertensive.

Zewditu

Zewditu, 65, was a widow who lived with HIV/AIDS and as of 2006, she adhered to anti-retroviral therapy (ART). She complained about sleeplessness, fatigue, rheumatism, and kidney problems. Zewditu did not have any children. She lived alone in a rented house. Formerly, she was a commercial sex worker and she earned income

selling food and drinks. She gave up commercial sex work 10 years ago and restricted herself to selling food and drinks to get income. She had no regular source of support.

Zewditu experienced a bitter life because of HIV/AIDS. Still, she was optimistic and a hard worker. She explained that living with HIV/AIDS in old age severely affected her life in different dimensions. She faced isolation by her relatives, friends, neighbours, customers, and community members. She became a laughing stock, and she lost dignity that she felt she deserved as an elder. From her point of view, Zewditu lived in “*two contrasting living conditions*” that can be categorized as before and after old age and when she started living with the HIV virus. According to Zewditu, recently stigma and discrimination declined but it still existed. She was a member of a local association of persons living with HIV/AIDS.

4.1.9. Summary

Diversified compositions in the profiles of 15 participants are useful to trace the contexts of abused elders. The male and female participants represented the three old age categories. Only one-fifth of participants (that is 3 elderly men) had spouses. Many of the participants were not able to read and write. Participants lived in rural and urban areas, and they adhered to either Orthodox Christianity or Islam. Previously, participants were farmers, judge, traders, weavers, daily labourers, and commercial sex workers. They engaged in income-generating activities such as spinning cotton, selling cereal, green pepper, food, local drinks, firewood, and handicrafts. During the interview period some of the participants completely retired from their previous occupation, and others continued doing their previous jobs fully or they quit due to health problems, physical disability, or tiredness.

Eleven of the 15 elders had children and 4 elders were sterile. Out of 66 children born to the participants, 30 (45%) had died. Elders lived with wives, children, grandchildren, son-in-law, grand-son-in-law, housemaid, and neighbour. Six elders lived alone. Elders lived in private houses or government-owned rental houses that were in most cases dilapidated, crowded, poorly furnished, unventilated, and unpleasant. The physical and health conditions of participants were not good. They had sight defects, fatigue, difficulty walking, blindness, hearing impairments, joint problems, and body shaking. In general, participants were leading a subsistence way of life.

4.2. Supporting Older Adults

The older adults interviewed for this study encountered several problems that were not easily handled by family members who themselves often have unmet needs. Older adults need various sources of support to improve their well-being. Availability of sources of support, and the quality and quantity of support provided to elderly people influenced their living conditions. This section elucidates sources and types of support, and factors that influence provision of support to older adults.

Abuse involves relationships between sources of support or support providers and recipients; and it occurs in the contexts of providing and/or depriving elders of different types of support. There are conditions in which support providers become abusers at the same time. Therefore, I think, discussing sources and types of support and factors influencing provision of support is important to conceptualize the contexts of abuse. Looking at these issues sheds light on the risk factors contributing to elder abuse, potential perpetrators of abuse, and elders' feelings about types of support they received.

4.2.1. Sources of Support

Table 9: Sources of support for elders

No	Sources of Support	Elders Receiving Support
1	Children	9
2	Neighbours	8
3	Friends	7
4	Other relatives	6
5	Religious institution	5
6	Grandchildren	4
7	In-laws	4
8	Siblings	4
9	Community members	4
10	Wife	3
11	<i>Iddirs</i>	2
12	<i>Kebele</i> administration	2
13	Home-based care providers	2
14	PLWHAs association	2
15	HIV/AIDS secretariat	2
16	Dangila Health Centre	2
17	Mother	1
18	Housemaid	1
19	Employer	1

As shown in *Table 9* respondents received support from family members, close and distant relatives, neighbours, friends, community-based organizations, religious institutions, home-based care providers (HBCPs), and government organizations (the *kebele* administration, HIV/AIDS secretariat office, and health centre. The most common sources of support were: children, neighbours, and friends. Each study participant at least had two sources of support. There were some distinctions among elders in relation to their sources of support. Having spouses and children or not, living arrangement, and the issue of HIV/AIDS may influence the sources of support that older adults relied on.

For married elders (there were 3 elders who were living with their wives), wives were the main source of support, and they considered children as their second source of support. In general, elders considered their children as sources of support and as assets. Elders were motivated (when they were younger adults) to have more children to get support in old age. For elders without children, their primary and nearby sources of support were neighbours followed by friends.

Neighbours were identified as sources of support for 8 elders (see *Table 9*). One of the study participants used this proverb to express the importance of neighbours as a source of support, surpassing relatives who live in distant places. The proverb goes as follows, “*A neighbour is better than a relative who lives far away.*” In order to get support, elders who lived alone established close relationships mainly with their neighbours. However, blind and frail elders who could not move out of their houses had problems getting connected to new sources of support and in cementing their attachment with existing sources.

For elders who were living with HIV/AIDS and who had no children, neighbours and friends were important sources of support. These elderly women affiliated with the association of people living with HIV/AIDS and with home-based care providers (HBCPs). These elderly women had better links with government agencies and obtained support from the Office of HIV/AIDS Secretariat at the *woreda* (an administrative unit under zone) level and Dangila Health Centre. These connections existed not because of their old age but due to the problems they faced as a result of HIV/AIDS.

Among the different sources of support for elderly people, governmental and non-governmental organizations, community-based organizations, faith-based

organizations, and voluntary associations were rarely mentioned. The Office of Labour and Social Affairs of Dangila Town Administration was concerned with elderly issues. The office registered and identified elders who needed support such as food, clothes and shelter; delivered counselling services, and loaned 2,000 birr without interest to 43 elders who had the potential to engage in income-generating activities. The borrowers are required to return the money within 2 years. None of the study participants received loans from this organization. Besides these loans, there was no money budgeted by either the federal or regional government to support elderly people.

In Dangila Town Administration, there were no non-governmental or faith-based organizations that provided services to elderly people. In collaboration with Dangila *Woreda* Office of Labour and Social Affairs, *iddirs*, Sunday Schools, and community members, the churches and mosques gave minimal support (money and food) to the needy elders every Friday (in the case of the Muslims) and during religious holidays.

4.2.2. Types of Support

Various sources provided emotional, material, financial and informational support to the elders. This section highlights the support provided to elders by parents, children, relatives, friends, neighbours, community-based organizations (*iddirs* and *mahiber*), religious institutions, and the government sectors (*kebele* administration, HIV/AIDS Secretariat Office, Dangila Health Centre). Although there was no data, I imagine that the amount of support that elders received from different sources varied across individuals.

Children and Other Relatives

Elders explained that their children supported them financially and emotionally, and provided them with food, clothes, blankets, and other household goods. Children assisted parents with several activities. Children visited their elder parents, washed clothes and cooked food, conducted discussions on family issues to make decisions, supervised their health conditions, and helped them to get medical treatment. Even little children assisted their old moms and dads at the work place. Yalew, 72 and a daily labourer stated that, *“My little children (under 13) helped me to take out the soil when I dug the well water and the pit for latrine.”* Children supported parents by managing properties and by selling and purchasing agricultural products, trees, cattle, selected seeds, and chemical fertilizers.

Additionally, children cultivated land belonging to their aging parents as sharecroppers (the sons of Bekelech and Girma were sharecroppers). Children constructed a new house and renovated the old one. Bekelech’s children constructed their mother’s house after they sold her cow and eucalyptus trees to cover expenses for house construction. Some children had deep concern to support their old parents. Senayit’s late daughter was a case in point. Senayit, 80, expressed the generosity of her daughter as follows, *“I lost my daughter in October 2012. She was very kind. She devoted her life providing me the necessary support. I deserve death because my life is meaningless without her.”*

Grandchildren were responsible for supporting their grandparents. Grandchildren visited grandparents, run errands and shopping activities, they fetched water and cooked food. They were involved in pottery and petty trade to earn income to support themselves

and their grandparents. They looked after cattle and houses; they washed clothes and cleaned houses. Although she was discontented, Almaz, 85, was dependent on her granddaughter. She said, *“Today I am dependent on my granddaughter. I cried when I felt hungry, and I ate some when she gave me. There was no adequate food. We ate some amount to survive.”* Siblings also provided emotional, material, and financial support to their aging sisters and brothers.

Elders mentioned several types of support they received from their relatives (in-laws, step-daughters, cousins, and nephews). Relatives gave financial, material and food support to elders; greeted, visited and advised elders; gave labour support and cultivated their farm lands as sharecroppers; guided blind elders, and assisted elders to buy and sell goods.

Friends and Neighbours

Elderly people mentioned several types of support they received from their friends. Friends visited elders and chatted with them, they gave and borrowed money, presented gifts, and brought them food, milk, and drinks occasionally. Elders chatted with friends remembering past stories, celebrated holidays, exchanged information and advice, and held discussions on family and community issues. Friends assisted elders to cook food, clean house, buy items from the market, and get medical treatment. They attended elders when they were seriously sick and took care of them.

Neighbours supported elders in many aspects. Yalew described the diversified functions of neighbours in supporting elderly people as follows, *“I had good relationship with my neighbours. We help each other in time of good and bad events.”* Neighbours greeted elderly people; they visited patients, and contributed money to pay for medical

services. In this regard Almaz pointed out that, *“My neighbours invited me to their houses to drink coffee. They asked me when I felt sick and brought me food and drink. They sent me food and drinks during the holy days and feasts of the mahiber.”*

Neighbours collected water and firewood, lit fires, prepared food, and boiled coffee for the elders. Medina, 65 and blind received support from her neighbours. She said, *“My neighbours brought me food and water, they prepared injera and boiled coffee in my house.”* Neighbours accomplished many tasks in and outside the homes of elders. They bought rations from the shops and markets. Fikirte ‘s experience clarifies this point further. She noted, *“When I was seriously sick my neighbours brought me water, and they helped me to buy vegetables and fruits, cereals and other items from the market.”*

In some cases neighbours became more compassionate towards elders in comparison to the relatives of elderly people. Lemlem reflected, *“My neighbours were better than my relatives because they shared food and drinks with me.”* I met Lemlem recovering from her illness. She sat on her bed wearing a dirty dress and garment. Her voice was deep and her wrinkled skin turned black. During lunch time, one of Lemlem’s neighbours (an old woman) brought her food. Lemlem had a low appetite and loss of taste so her neighbour stayed for about 15 minutes to encourage Lemlem to eat more. Lemlem ate half of the food (half of a full circle *injera* and potato with cabbage) and drank a glass of water. She thanked God and her neighbour for serving the meal.

On occasion, some anonymous persons gave material and financial support to elders. Almaz remembered that a certain woman sent her 5 birr (US Dollar 0.27) after she heard about Alma’s problems. Almaz was surprised by the gift of this kind woman. It was not strange to Bekelech to receive food and clothes from persons that she did not know.

Some persons from Saudi Arabia (Ethiopians in fact) sent Dawud money and clothes. These people appreciated the religious services of Dawud and his humble personality. Senayit and Tamiru were needy to the point that they asked generous people for food and money to sustain their lives.

Parent

Among the study participants, only Fikirte, 64, had a living parent. Her mother was in her late 80s, and she lived in the rural area. Fikirte did not have any children. This was one of the reasons that Fikirte got special attention and treatment from her mother. Since her childhood, Fikirte was the most loved person to her mother. This elderly mother was committed to support her daughter. She became a nun after she heard about Fikirte's HIV-serostatus. Fikirte summarized the support of her mother uttering these phrases, "*My mom is everything even in my old age.*" Fikirte described her mother's support and the challenges she faced in providing support:

My mom cried and felt deep sorrow when I told her that I was AIDS patient. She decided to stay with me until I recovered from my illness. She brought me cereals and cooked food, and she gave me money during holidays to buy eggs and coke. My mom advised me to be free, and share my feelings. She was busy the whole day providing me care and support, cooking food and doing other house chores. She had limited knowledge about HIV/AIDS transmission. She was in dilemma to wash my dress (there was no fluid or blood spots on the dress except dirt) due to fear of HIV transmission. She thought that I would be irritated if she refused to wash my dress. She did not feel comfortable to wash my dress with her hands. Ultimately, she washed it with her feet. I understood the problem of my mom.

Community-Based Organizations (iddir and mahiber)

An *Iddir* is one of the indigenous voluntary institutions organized by community members. The main function of an *iddir* is to provide funeral services, financial support,

and condolences to members during bereavement. Through time *iddirs* have become involved in developmental activities in the areas of health, education, saving and credit services, and co-operative works. The *iddirs* introduced a new regulation that allows members to borrow or to take some amount of money that they contributed. There were *iddirs* in the rural and urban areas that embraced elders as members and treated elders according to their rules and regulations. Being members of *iddirs*, elders felt reassured to get support from *iddir* members in times of risk and bereavement.

A Mahiber is a voluntary social or religious association organized by people that bring members together to support each other. Members of the *mahiber* were organized according to the names of saints to celebrate saints' days. Members prepared a monthly feast comprised of roasted cereals, bread, *injera*, and beer. The *mahiber* has a leader identified by the title *Mussie* after the Prophet Moses of the ancient Israelites.

Bekelech, Yalew and Zewditu continued to be members of *mahiber* while other study participants had already withdrawn for various reasons. Having a kind of congregation in the name of God and the Saints promoted the feeling of religiosity among elders. Elders enjoyed the *mahiber* as it created an opportunity to interact with other members to discuss personal, family, or community issues. Members of the *mahiber* asked Bekelech and Zewditu when they were sick, and gave them food and drinks and some amount of financial support.

Community Members and Religious Institutions

Community members hand out alms (food, money, and clothes) to poor older adults. In the Orthodox Church the clergy shared food and drinks with needy elders brought by followers of Orthodox Christianity when there was a feast for the

commemoration of a deceased person, baptism of an infant, or any other festivity. Bekelech, Tamiru and Senayit served food and drinks at the Church, and several times received alms in the form of money, grains, and salt. The Church provided shelters (tomb houses) for elders who resided in the church compound. However, the Church did not allocate a regular budget to support poor older adults.

The Muslim community supported the needy people including Dawud. As he put it, *“The Muslim community gave me food and money in the form of zakat (alms). I do not have any other means of income. During the Ramadan (fasting season for the Muslims), some people brought us foods and drinks.”* There was a committee organized by the Muslim community to raise money every Friday and during religious holidays to support the needy. Medina was one of the recipients of alms. She clarified, *“I received 66 birr on the eve (i.e., 10 September 2012) of the Ethiopian New Year, and I used it to buy food and to cover other expenses.”*

Kebele Administration

Kebele is an administrative unit under the *woreda* at the grassroots level. The *iddirs* and the *kebele* administration worked together and facilitated the process to enable poor older adults to get rental houses owned by the *kebele* at a low price or at no cost. The *kebele* officials gave a small house to Lemlem free from payment. Senayit and Lemlem received oil and wheat from the *kebele*. They received supporting letters from the *kebele* that enabled them to get free medical service at Dangila Health Centre. Despite these examples, the intermittent support provided by the *kebele* administration was not enough to sustain people.

HIV/AIDS Secretariat Office

Together with Dangila Health Centre Anti-Retroviral Unit (ART Unit), the association of PLWHAs, and HBCPs, the Dangila *Woreda* (an administrative unit under the zone) HIV/AIDS Secretariat Office facilitated the process to provide medical, material, and financial support to PLWHAs. Fikirte and Senayit were beneficiaries of the support provided by the secretariat office and ART Unit. They received counseling services, treatment of infectious diseases, and ART tablets.

Under the sponsorship of donors, the Secretariat Office granted money to PLWHAs to engage in income-generating activities. Zewditu received the money from the Secretariat Office and became involved in productive activities that changed her life. She explained, *“I have got 1,000 birr from the Woreda HIV Secretariat Office. I used this money as initial capital to sell food and tella. I have got profit and became member of iqquib (local saving and credit association organized by a number of people). I repaired the wall and roof of my house.”*

Home-Based Care Providers (HBCPs)

Two elderly women, Zewditu and Fikirte, were living with HIV/AIDS. For the last five years, they received support from HBCPs. Zewditu noted the support of HBCPs as follows,

Home-based care providers washed my body and clothes, boiled coffee, cleaned the house, fetched water, cooked food, and they asked about my well-being regularly. The support of HBCPs helped me to recover from my illness. HBCPs shared their experiences of living with HIV/AIDS, and symptoms of infectious diseases. They assisted me to get medical treatment in time arranging transportation services; they reminded me when it was time to take ART and served me meals. They gave me valuable advice and refreshed my mind to get out of depression.

Fikirte was indebted to the HBCPs for their medical follow-up and encouragement to have an HIV/AIDS test, and building her confidence to live with HIV/AIDS. HBCPs contributed money to cover her expenses for food and to get different services, and they visited her frequently. Fikirte considered members of HBCPS as sisters and brothers. In addition, Zewditu and Fikirte received bed sheets, blankets, and nightgowns from the association of PLWHAs.

In Dangila town the HBCPs began to deliver services to PLWHAs in 2001. The HBCPs were sponsored by the Global Fund. Members of HBCPs lived with HIV/AIDS and they participated in awareness creation campaigns on HIV/AIDS, supervised adherence to ART, taught about environmental and personal hygiene and about infectious diseases and how to get treatment, and provided care and support to PLWHAs. Members of HBCPs assisted AIDS patients to cook food, wash clothes, deliver messages, and accompanied patients to health institutions to get medical treatment. They assisted AIDS patients to die in dignity. They washed the corpse of AIDS patient and wrapped it in a shroud. In the study site there were 20 (19 females and 1 male) members of HBCPs who lived with HIV/AIDS.

4.2.3. Challenges with Providing Support to Older Adults

According to the study participants, the family, relatives, neighbors, friends, community members, religious institutions, community-based organizations, and government sectors did not provide adequate support to elderly people. Various circumstances influenced the provision of support to elderly people as described in this section.

4.2.3.1. Economic Problems

According to the study participants economic problems made their life abysmal. In the absence of social welfare services and adequate income, elders suffered from inflation and the high cost of living. The economic problems pressed the potential (financial and material resources) sources of support to elderly people. As an elder woman indicated, *“It was difficult to help one another because of inflation and the soaring prices of foods, goods and services. Five years ago the price of 50 grams of gibito (bean like cereal) was 0.20 birr (US Dollar 0.010) now it increases 10 times, it reached 2 birr or US Dollar 0.10”*. Elders worried about the steady rise in the price of *gibito* since it was the cheapest food for the poor.

Economic problems loosened the social bond among family members, relatives, friends, neighbours and the community at large that led to lack of mutual concern. In this regard Senayit made this statement, *“We did not celebrate the coffee ceremony together; we did not share food and drinks during religious festivities because of economic problem.”* Another elder linked lack of concern by others with economic problems as he stated, *“Economic problem caused people to think about how to sustain their lives, they did not show much concern for others.”*

Elders explained the decline of the tradition of providing support to older people as a result of worsening economic conditions. One of the respondents boldly commented that, *“These days children do not support their parents.”* The voice of Almaz enlightens on the situation further: *“In the past it was customary that during the harvest season peasants gave cereals to the needy people. This tradition has already vanished. My relatives who lived in the rural areas did not give me a kuna (a kind of plate made of*

straw) of grain.” Kebede echoed the views of Almaz and added that, “Formerly there was mutual support among relatives. This is a hard time. The cost of living is so high that my relatives were not able to support me and others. Some of my relatives suffered from economic problems.”

Economic problems disrupted relations among relatives and diminished their capacity to support elders. Lemlem expressed, *“Before the deterioration of my health condition and resources, I had good relationships with my relatives. They asked me frequently what I needed when they came to the market from rural areas and I assisted them with what I could. Currently, none of them asked about my needs as I was very poor and sick. They have already forgotten or discredited what I did for them in the past.”*

Economic problems limited the types of support provided to the recipients. In most cases, poor people inclined to give emotional and informational support to elders; they gave financial and material support rarely. The experience of Kebede illustrates this point further, as he said, *“Of course, my eldest son a physician sent me 700 or 800 birr (40 or 50 US Dollar) in religious holidays. My young children were not economically strong to provide me financial and material support. Anyways, they asked me occasionally.”* Kebede understood the problems of his children and emphasized, *“The need to be self-reliant economically in order to support others.”*

In certain cases, providing support to elders was influenced by the physical and health conditions of elders, and the capacity of elders to reciprocate gifts. It seemed more likely that providers of support tend to help capable elders. Economically self-sufficient elders who could reciprocate gifts or relatively healthy and physically strong elders were more likely to receive support. Hedja described her personal experience:

Relatives will respect and help you when you were physically and economically strong, and able to return gifts that you received from others. When I was healthy and economically better many of my relatives invited me to attend the coffee ceremony. Today they ignored me, they did not ask me; and they did not show empathy. They considered me as if I was on the verge of death.

Senayit reiterated the views of Hedja when she said, “*My friends and neighbours did not invite me to attend feasts because they knew that I could not return it.*” Emebet also added, “*Sometimes I was not interested to go to the house of neighbours to drink coffee because I could not invite them in return.*”

Senayit stressed economic problems as a factor that barred persons from providing material and financial support, although they had kin interest. Senayit’s granddaughter lived nearby and they met every day. The granddaughter could not provide material and financial support to Senayit because she was poor herself. She faced economic problems since she dropped out of school in grade 8. She married and gave birth to a child. Her husband divorced her and she struggled to earn an income from selling tea and bread.

Children felt that they were not doing what they wanted to do for elders. Financial constraints reduced their level of satisfaction with being able to support elders. Medina noted the feeling of her daughter this way, “*My daughter 38 had 2 children but she could not feed them properly. She was highly concerned about my life but she was not satisfied with the support that she provided me. In any ways, she asked about me frequently and brought me coffee and injera.*” Girma faced financial constraints in purchasing food and clothes. He wanted to hire a housemaid to get better support but he could not afford her monthly salary.

The other factors that influenced provision of support to older adults were related to the physical and health conditions of elders; lack of attention to elders; reluctance of elders to receive support; family conflict; religious differences, lack of good will; death of providers of support, large family size, loneliness, and geographic distance between providers of support and recipients.

4.2.3.2. Physical and Health Conditions of Elders

The physical and health conditions of elders and providers of support influenced utilization (in the case of elders who sought support) and provision of support. Fikirte was living with HIV/AIDS. Fikirte's neighbours feared approaching her to provide support due to fear of HIV/AIDS transmission. When she was seriously sick, they spoke to her by standing outside of the gate of the house. They were afraid to enter the house and come closer to Fikirte. Jemberu wanted to go to the houses of his relatives and neighbours to chat with them and get relaxed, but he could not as he had a hip fracture and visual impairment. Jemberu was always alone and spent his time reciting good and bad events for himself.

Dawud, 90, bore the burden of providing support to his blind and sick wife. He was very exhausted and needed support. The poor physical and health condition of Dawud's wife minimized her ability to support her husband. He stated that, "*She could not support me. I locked her in the home.*" I saw Dawud's wife. She was physically weak and faced problems of loss of hearing and memory. Dawud and his grandchild locked her inside the house to protect her from danger such as getting lost, falling, or, colliding against objects.

4.2.3.3. Less Attention to Elders

Elders complained that their children and other supporters were not giving them enough attention. When there was a large family size, older adults may be given less attention. The shortage of resources, inflation, weak relationships, and geographic distance contributed to the family members and relatives inattention to elders. Kebede reflected, *“Supporting elders was a matter of willingness.”* He commented that children gave better support to their husbands and wives than to their old parents. In the same vein Bekelech added, *“My children did not bother about me, they gave attention to their children. There is no affection among relatives.”* Jemberu compared the concerns of his deceased and living children towards him. He said, *“My deceased children were concerned about my well-being, but my living children became negligent.”*

4.2.3.4. Reluctance of Elders to Receive Support

“I do not want to rely on the assistance of my children.” This was a saying by 93- year- old Kebede. He recommended that as much as possible people should reduce their dependency on others. Sometimes there was lack of interest among elders to receive support because it may compromise their autonomy. Lack of capacity to return gifts made elders reluctant to receive support. For further clarification it is important to consider the individual cases of some respondents.

Bekelech discussed the problem of living in somebody’s house, even the house of her own children. She lived with her son and daughter-in-law and their children for two years until completion of the construction of her new house. She was not interested in living with them again since it compromised her autonomy. According to Bekelech, she *“was not free to pass urine and fart.”* Bekelech was not impressed by the support of

her son, daughter-in-law, and grandchildren so she decided to live in her own house. Bekelech forwarded this conclusive statement, *“My house is everything to me that I experienced bad and good things. I am happy living in my own house, I enjoyed freedom.”*

Lemlem would rather starve rather than ask someone for food because it diminished her dignity. There was time in which Lemlem deliberately responded that she had no problem of food and coffee when her neighbours wanted to give her some. The reason for Lemlem’s rejection of the invitation was because she very much disliked that people counted what they gave to her. She commented on her unwillingness to receive support from her neighbours:

In the religious holidays I stayed inside the house closing the door. My neighbours invited me to celebrate the holidays together. Meanwhile I was not interested to join them because I had nothing to compensate them. I did not feel comfortable to receive support from neighbours repeatedly. I felt indebtedness. Sometimes when my neighbours saw the door closed they returned back but I was inside looking at them through the holes and hearing their voices calling my name.

Elders, particularly those who were reluctant to receive support, were not interested to disclose their problems to other persons, considering them as secrets. An elder woman swore in the name of St. Michael not to disclose her problems to other people. She wanted to challenge the problems. Refusal to share their problems and feelings with other persons created misunderstanding about the problems of elders among potential providers of support. Absence of family discussion and openness made problems of elders more obscure. Fikirte expressed how her choice of clothing created bias among people about her problems as follow, *“I dressed properly that some people considered me as if I was not in need of support from others.”* In spite of her attractive dressing style,

Fikirte had several problems for which she sought the support of her relatives, friends and neighbours.

4.2.3.5. Family Conflict

According to Yalew, “*Good relationship is crucial to get support.*” The experience of Jemberu was concomitant with Yalew’s suggestion. As Jemberu described:

When I lived together with my wife, our children visited us frequently. They have never visited me for the past 6 years after I divorced my wife. They did not support me. Rather they continued supporting their mother following our separation. They considered me as an enemy. They quit their support because I rejected their proposal to move me to the town and live there with my wife permanently.

Jemberu lost his major sources of support - his wife and children. He lived alone in a big and dark house supported by his widowed daughter. Jemberu’s ex-wife lived in the town. She was unhappy with her separation from Jemberu.

4.2.3.6. Religious Differences and Lack of Goodwill

Religious differences and lack of husbands’ goodwill influenced provision of support to older adults. Hedja thought that being a woman and economically dependent on their husbands diminished the power of her daughters to support Hedja.

Religious disparity between Hedja (a Muslim) and her daughters (newly converted Orthodox Christians) reduced their intimacy with their mother. Hedja was not interested in serving food and drinks except coffee, *injera* with red pepper, and water in her daughters’ houses for religious reasons. Hedja did not want to stay long in her daughters’ houses, and she was not comfortable to talk with them and their husbands (Hedja’s son-in-laws) freely. Hedja’s relatives and neighbours went on backbiting her for the conversion of her daughters into Christianity. Hedja described her story this way:

Because of economic problems and lack of support from relatives, my daughters married Christians and observed Christianity as their own religion. They earned income from selling red pepper. However, economically they were dependent on their husbands. They were afraid of their husbands to provide me financial and material support. I was not interested in going to their houses regularly because of religious differences. I was reluctant to eat any other food in their houses except serving water, coffee and injera with red pepper because I suspected that it may be mixed with meat and butter.

Other respondents noticed that daughters who lived in distant rural areas did not get permission from their husbands to visit them (elders) frequently. This was because husbands were not efficient to manage the house and take care of children in the absence of wives. Therefore, the goodwill of husbands (and wives in fact) was useful to support elders.

Other situation influencing provision of support to older adults comprised of: the death of support providers, loneliness, geographic distance between the providers of support and recipients, and gender. Death of support providers put elders under risky conditions.

4.2.4. Summary

Elders mentioned 17 sources of support. Among these, children, neighbours, friends, and relatives were mentioned in the forefront. Religious institutions, government sectors, community-based organizations (*iddirs*) and voluntary associations were rarely mentioned as sources of support. The sources of support that elders anticipated were influenced by having children or not, living arrangement, physical and health conditions of elders, and their social networks.

Elders received emotional, financial, material, medical, and labour support from several sources; however, many of them were not satisfied with the level of support. There were similarities and differences in the types of support provided by different sources. The factors affecting provision of support to elders included: economic problems; the physical and health conditions; less attention to elders; reluctance of elders to receive support; family conflict; lack of goodwill; death of providers of support; large family size; loneliness; and geographic distance between providers of support and recipients.

4.3. Conditions Contributing to the Risk of Elder Abuse

This section describes conditions contributing to the risk of elder abuse from the perspective of the elders themselves. Elders' comments are organized by the following themes: old age, physical and health conditions, physical appearance, economic situations, disengagement from occupation, behaviors of the abusers and abused elders, conflicts, death of support providers, distance, and living arrangements.

4.3.1. Old Age

Elders explained their perceptions of old age from the point of view of their lived experiences. Elders' explanations of old age emphasized the advantages and challenges of old age. Many elders found old age challenging which influenced them to have a negative attitude towards old age. These challenges were also viewed as condition contributing to the risk of elder abuse. Elders' opinions about the advantages and challenges of old age are presented respectively.

Elders stated that to grow older - passing through ups and downs - was not easy. It is a blessing. In spite of the challenges of old age, Dawud considered himself lucky for having lived for the last 90 years. He reflected, “*I praised God for allowing me to live longer and become an elder.*” Old age gives time to review past events and to share long years of experiences. Old age is one of the sources of respect for elders in the family and the community. As Jemberu portrayed:

I stopped going to the church for the last 6 years because of my illness. In the church compound I used to sit on a log. The villagers told me that no one sat on that log. I told them to sit on that log but they refused. This was a sign of respect. Clergymen came to my house to visit me and to get advice on community issues and to resolve conflicts among persons, families and groups. They considered my advice to solve these problems. I felt happy for getting attention and respect by the churchmen and the community.

Traditionally, elders were respected by the community. Elders who had no caregivers were referred by the village headman to the houses of community members and they were provided with support (food, drinks, clothes if available, washing clothes, foot care, cutting hair and nails) for one or two days. This system of providing support to elderly people was known as *elfinet*. In Amharic *elfinet* literally means being referred to someone to get support. In the past this tradition was practiced in the rural areas but in recent time it is declining. From this explanation it seems *elfinet* is described as an indigenous model of community-based elder support in Ethiopia.

Medina expressed her opinion about old age by saying, “*It is good to reach old age but it is challenging to live it.*” This statement indicates that elders may face several problems in later life. Participants associated old age with poor health status, physical problems, and a decline of socioeconomic status. According to the respondents, old age is accompanied by different types of ailments such as poor hygiene, fatigue, physical

disability, stuttering, loss of memory, desperation, subordination, denial of rights and privacy, old age stereotypes, disengagement, dependency on others, isolation, lack of respect, infantilization, low income, and hunger.

Elders expressed various types of suffering they experienced in old age in different ways. Girma was discontented with his life and stated, *“I preferred death to live in the present situation as an old man. Old age is nothing but hardship. I am a dead person. I am suffering a lot in different aspects.”* Jemberu highlighted his problems this way: *“Look, I am surrounded by dark. I am depressed. I wept when I remembered my golden times. Now I am alone in a big house. I am living in a terrible condition.”*

Although giving respect to elderly people was culturally accepted, there were circumstances in which these values were violated by some people. Dawud led religious services in the mosque for three decades. He explained that in the mosque compound people respected him and other elders, but outside the compound especially the youth did not give them attention. Dawud remembered the kinds of respect given to elders when he was a youth. To show respect to elders when he was a young man, he gave them priority to cross the road, and he washed their feet when they came to his home as guests. He concluded, *“Now this tradition (giving respect to elders) is fading.”* Based on his observation and personal experience, Yalew also noted a decline in the tradition of giving respect to elders. He shared his view that there is a relationship between weakening of physical strength and economic capacity and decline of fame and respect.

According to Girma, *“Old age is a problem by itself.”* Girma narrated part of the problems he faced as an old man: *“Look at my dirty and cracked feet. My daughter-in-law and grandchildren did not wash my feet. They refused to give me water when I wanted to*

wash my feet. They did not provide me meals in time. They shouted at me that they had no food for an idle person (that is me). All these happenings were due to my old age. “

4.3.2. Physical and Health Conditions

As presented in *Table 6*, elders had the problems of sight defect, fatigue, difficulty walking, blindness, partial hearing impairment, joint problems, limped foot, and occasional body shaking. Elders faced problems of hypertension, severe headache, hip fracture, sleeping disorder, HIV/AIDS, heart attack, depression, alcohol addiction, rheumatism, epilepsy and other types of diseases (See *Table 7*). These physical and health problems worsened the lives of older adults and increased their vulnerability to abuse.

The cases of frail and lame elders indicate the contribution of physical disability to elder abuse. Kebede, a frail elder, was assisted by a housemaid. His housemaid warned him frequently to increase her salary. She obliged him to pay her more money. Kebede identified the reason, “*She knew that I could not look for another housemaid because I am a frail elder.*” In the case of Hedja, she also is lame in her left foot. She moved from village to village to attend social gatherings, but some people criticized her because as a lame person they expected her to stay in the house. Sometimes due to fear of criticism, Hedja had to cancel going to social gatherings.

Living with HIV/AIDS as an older adult contributed to a high risk of vulnerability to abuse. Fikirte was living with HIV/AIDS. Her neighbour and closest friend earned her income from washing clothes. Fikirte offered to pay her friend to wash her toga (white cotton loose garment); however, she was not willing to wash it due to fear of catching HIV/AIDS

4.3.3. Physical Appearance

People undermined and insulted elders because of their dressing style, slack posture, and physical appearance. Senayit was exhausted, impoverished, and splay-footed. She walked slowly, and wore a mended and dirty dress. When some people looked at Senayit, they commented that she better die. Girma was the only surviving eldest person in the village. All of Girma's age mates were deceased. People asked him, "*Are you still alive while your friends were dead?*" Senayit and Girma were surprised that people wished for them to die. Senayit and Girma commented, "*Recommending death for destitute elders was immoral and that the choice of death or life should be left for us and other elders.*"

Because of the nature of Yalew's work (plastering the wall with mud, digging water wells and pits for latrine, and slaughtering cattle), he always wore dirty shirts and shorts that may not be appealing to others. Yalew had nicer clothes but he was not interested in wearing them for two reasons. First, in his view, wearing beautiful clothes had no value in old age; second, he feared that if he wore clean clothes people may not identify him as a daily labourer. Subsequently, if he wore nice clothes, Yalew thought he would miss the chance to get hired in which would end up shrinking his income. He remembered being insulted by some people who used such words as "*dirty,*" "*drunkard,*" and "*old*" because of his dressing style and physical appearance. Zewditu added that, "*People did not like and respect me because of HIV/AIDS, poor living condition, unattractive dressing style, and lack of dexterity.*"

4.3.4. Economic Problems

The elders I interviewed faced severe economic problems. Elders who were considered to be better off were still at the subsistence economic level. Many elders had inadequate food and clothing and their housing condition was poor. Some of the support providers to elders were not economically self-sufficient. They were not able to provide financial and economic support to elders regularly. Elders had economically dependent wives, children, and grandchildren who lived with them.

Manifestations of economic issues as a contributing factor to elder abuse included: lack of resources; high cost of living and inflation; competition to control available resources; misuse of property; lack of power to own, making decisions over property; cheating; stealing; and an illegal transfer of ownership rights. In relation to these contributing factors, elders were abused by their wives, children, grandchildren, in-laws, relatives, neighbours, friends, housemaid, sharecroppers, and work mates. Elders complained of a lack of financial and material resources and the high cost of living and inflation that severely affected their living conditions.

It was evident that potential providers of support (spouse, children, grandchildren or relatives) and elders were very poor and thus exposed to life-threatening situations due to lack of food, clothing, and medical care. There was anxiety among support providers who did not have enough to give to elders.

In the dispute to expand grazing and farm lands, and to preserve the status quo over their property, elders were the losers and became vulnerable to abuse by their competitors. Elders were not aware of the legal procedures, and they were not financially and physically strong enough to appeal to the court and follow-up on their cases. Other

people tried to promote their economic interests by taking advantage of the limitations (financial, physical and knowledge) of elderly people. In addition, providers of support and other persons cheated, misused and stole properties (money, grain, clothes, food, coke, oxen, household utensils) of elders intensifying the economic problems of elders and paving the way to the occurrence of abuse.

4.3.5. Disengagement from Work

Elders were engaged in various occupations to earn a living. During the field work for this study, some of elders reduced the number of their occupations, they shifted or retired from their occupations, or they quit their jobs and started to get income through begging (see *Table 2*). Disengagement from previous occupations and failing to do daily activities were contributing factors to elder abuse, and also reduced productivity and income. Girma shared about his disengagement from weaving and its impact:

My son and his wife labelled me as an idle, lazy, unproductive, valueless, infant, and a dependent that deserves death. They disliked me because I quit weaving because of sight problem and tiredness. But they liked my little children because they collected firewood, fetched water from the stream, and looked after cattle. My son considered me as a burden. After I quit weaving, my interaction with the villagers was significantly reduced.

Senility added, “*My son-in-law got angry due to my failure to do home activities properly.*” In the past Tamiru was a shepherd and a porter. As he was no longer physically strong, he was less able to carry goods from the market to the houses of his customers. He described that many people were not interested in hiring him to carry goods because he was old and physically clumsy. For Tamiru begging was his final choice to get money. His wife and neighbours insulted him as ‘beggar’ and they undermined him.

Formerly Lemlem was well known for spinning cotton and preparing and selling *areki* and *tella* to generate income. She was respected and many people and her relatives frequently came to her house to serve drinks and to inquire about her well-being. Later on Lemlem became a patient; she could not maintain her previous jobs to earn income. Lemlem lost respect and income, and her fame as a known brewer declined. The number of people visiting her was greatly reduced. She was dependent on the support of neighbours, relatives, and generous persons. She was not thinking that her life would end up miserably, but it happened.

4.3.6. Behavioural Issues

Elders elaborated on their own behaviour and on the behaviours of the abusers that contributed to abuse. Accordingly, drunkenness, sexual impotency, delinquent acts, bad temper, intolerance, caregiver burnout, and lack of openness were identified as abusive behaviours. Tamiru was abused by his wife. For Tamiru besides poverty and poor health conditions, his sexual impotency and the alcoholism of his wife created abusive situations:

My wife drank alcohol and she became naughty. She stared at me and showered insulting words. I had the problem of sexual impotency since 2008. Probably it was malnutrition and old age that caused me to be sexually inactive. I had no sexual engagement with my wife since 2008. I believed that it was because of my sexual impotency that my wife hated and abused me. I suspected that she was living with HIV/AIDS. She took tablets (perhaps anti-retroviral therapy) daily saying that she was sick with ulcers and kidney infection.

Yalew was addicted to alcohol which stimulated him to fight against his friend and workmate, to shout loudly, and to talk too much. Yale indicated, “*My wife and neighbours identified me as a drunkard person and that strained our relationship.*”

Hedja complained of her granddaughter's delinquent acts. The granddaughter was a school dropout from grade 6. She stayed at a hotel for two or three days a week with her sexual partners. She rebuked her grandmother when Hedja advised her to avoid having sexual engagement with different persons and to protect herself from HIV/AIDS. The granddaughter did not want Hedja to interfere in her personal matters (staying at the hotel and having sex with different persons) that she considered as a violation of her personal interests. The granddaughter warned Hedja strongly not to talk about sexual matters and HIV/AIDS. Hedja believed, *“This was the main cause of disagreement between my granddaughter and me.”*

4.3.7. Conflicts

Conflicts arose in the family, neighbourhood, and at the workplace among spouses, family members, relatives, friends, and neighbours. The sources of conflict included: the imposition to accept decisions without the will of a person, competition to expand farm land, tension over common land to dig a pit for a latrine, the need to form a group against others, and the question of maintaining a power balance. Conflicts mainly emanated from economic problems which were discussed in the previous section.

Oftentimes due to lack of tolerance, minor conflicts or misunderstandings triggered tensions among the parties. In some cases elders may not have direct involvement in the conflict but they were offended by individuals or the group. In the conflict between two persons or groups, elders were forced to side with one of them against the other. Elders were criticized by both adversary parties for taking a neutral position. Conflicts promoted abusive conditions, and created feeling of retaliation among opponents (potential abuser and abused elder) that led to the occurrence of elder abuse.

A few cases illustrate the nature of conflicts. Jemberu described that he lived for 63 years (1944-2006) with his wife in his present rural hamlet and they enjoyed a pleasant life. Jemberu recognized that his children were the main actors that separated him from his wife. These children constructed a house in the town and asked Jemberu and his wife to live there so that the children could assist them and follow up on them closely. There was strong tension involving family members, relatives, neighbours and the clergy to narrow the rift between Jemberu on one side, and Jemberu's wife and the children on the other side. Both sides made arguments after arguments to convince the other side to accept their decision. Unlike his wife, Jemberu persistently refused to live in the town and rejected the decision. He wanted to live and die in his rural home.

There was no conflict between Jemberu and his wife ever before. Jemberu was punished by his children for his refusal to live in the town with his wife. He complained, *“My children have already ignored me, and they considered me as their foe. This was not the price paid to a generous father. Whatever the case, I did not wish my children bad fate.”* A couple of weeks before their separation, Jemberu became a monk and his wife was hooded as a nun. On the last day of their separation, they embraced each other emotionally and cried, remembering the past 63 years of their marital life. Sometimes Jemberu's wife visited him and she showed repentance for accepting the decision that she could not reverse.

Almaz remained neutral in the conflict between her grandson-in-law and nephews over a boarder plot of farm land. Almaz had a closer relationship with her nephews than with her grandson-in-law, but Almaz's nephews expected her to stand against her grandson-in-law, but Almaz was not willing to do that. The nephews were

disappointed by Almaz's impartiality to the point that they ultimately neglected her.

Almaz described, *"My nephews stopped providing me with food and exchanging greetings for a while because I did not reside with them."*

Likewise, Lemlem was insulted by her neighbour when she opposed the formation of a group to counter the other. Lemlem explained the situation, *"One of my neighbours insisted that I stop my relation with a woman that she quarreled with. She snored and insulted me when I continued my contact. She lived with HIV/AIDS and took anti-retroviral therapy (ART). She did not care about her health condition. She drank tella and areki very much."* Tamiru also complained, *"All of my neighbours stood against me supporting my wife."*

Conflict broke out between Lemlem and her neighbours when Lemlem tried to prepare a pit for the latrine. Lemlem explained, *"My neighbours forbade me to prepare a pit for the latrine in the backyard. They warned me not to dig the ground for latrine. I had to travel a long distance (the distance between her house and the forest was probably 300 to 350 meters) to respond to the call of nature. So, I ate little food to reduce the frequency of latrine visit."*

Emebet had a serious conflict with her niece. The niece wanted to get ownership rights over the house at Emebet's expense. The niece was so skilful in manipulating such mischievous acts that she succeeded in displacing Emebet from the house. In the course of the conflict, the nephew tried to assassinate Emebet. The nephew took over her ownership rights on the house and Emebet became homeless.

In Dawud's case a change in economic status of his neighbour caused conflict leading to elder abuse. As Dawud shared, *"My neighbour undermined and threatened me when he rose to power and became economically strong."*

4.3.8. Death of Support Providers

The death of support providers of desperate elders brought them under the influence of abusers. As Girma described:

When my wife was alive we had a father-child relationship among my son, my in-law, and me. We were chatting, enjoying the coffee ceremony, drinking tella, and eating injera together. My wife was able to manage our property effectively. Following her death our property was exploited by my son and his wife, and our relationship was strained. The death of my wife exposed me to the risk of abuse at the hands of my son and daughter-in-law.

Senayit gave birth to six children but she has only one child left (See Table 3).

Senayit's fifth child (a daughter) died in October 2012. The death of this daughter affected Senayit's life tremendously. Senayit explained, *"I lost my caregiver and started to live in unbearable conditions. I wish to die. My son-in-law warned me not to eat anymore. He was afraid to speak such offending words when my daughter was alive."*

Likewise, many of Tamiru's relatives died 10 years ago. They were living in rural areas. Tamiru had no information about the remaining relatives or they did not know about him. Tamiru stated that the death of his relatives exposed him to several problems. Tamiru commented, *"No one protected me, no one asked me about my well-being, many of my relatives were dead."* Jemberu and Dawud explained that had their children been alive they may lead a better life.

4.3.9. Distance and Living Arrangement

Geographic distance and living arrangement also contributed to the risk of abuse. Sometimes absence of children and relatives in the vicinity increased the elder's risk of abuse. Children and relatives who lived in distant places were unable to visit elders regularly. They could not protect elders from abuse or closely supervise their day-to-day living conditions. Yalew shared the following, *"I was not happy with the dispersal of my children in different towns to look for jobs. If their residential area was near my home they would provide me better support and I would get more respect from neighbours and the community."*

Elders who lived alone were vulnerable to abuse. However, elders who lived with other persons were not necessarily safe from abuse because there are multiple factors for abuse. Senayit talked about the problem of living with his son-in-law, *"Living with son-in-law caused humiliation. He insulted me."*

In addition, lack of knowledge and skills to read, write and compute simple arithmetic contributed to the risk of financial abuse. Because of lack of knowledge, some elders (for example, Girma, Almaz, Bekelech, and Lemlem) were cheated while they bought and sold items. Being non-literate, Emebet was deceived by her niece to sign an illegal document that deprived her ownership rights over her private house.

4.3.10. Summary

Elder abuse is not a mono-causal phenomenon; rather, it involves multiple conditions that have socioeconomic roots. Certain conditions contributing to the risk of elder abuse did not emerge abruptly; instead, they were cumulative effects of events that appeared over a long period of time. Based on their lived experiences, abused elders

described old age, deterioration of physical and health conditions, physical appearance, economic problems, and illiteracy as conditions contributing to the risk of elder abuse. Moreover, disengagement from work, behaviours of abused elders and the perpetrators, conflicts, death of support providers, distance of potential support providers, and living arrangement (i.e., living alone or large family size) were conditions perceived by elders as contributing to the risk of abuse.

4.4. Abuse of Elders

This section describes the characteristics of perpetrators of abuse and the types of abuse experienced by the elders including: emotional abuse, physical abuse, financial abuse or material exploitation, and neglect.

4.4.1. Characteristics of Perpetrators of Elder Abuse

Participants of this study provided information about the characteristics of perpetrators of elder abuse. The perpetrators, or the abusers, were both female and male with ages ranging between 11 and 78. The educational backgrounds of the perpetrators varied from non-literate, able to read and write, attending primary and high school, up to diploma and bachelor degree graduates. By occupation the perpetrators were farmers, government employees, daily laborers, guard, potter, petty-traders (preparing and selling grains, *tella*, *areki*, malt, spinning cotton, and sheep fattening), and commercial sex workers.

According to older adults, some of the abusers were poor and economically dependent on abused elders or they had economic relationships with abused elders. Concerning the marital status of the perpetrators they included people who were married, divorced, widowed, widowers, and never-married. The perpetrators lived in

both urban and rural areas; and their living arrangements were characterized by living with abused elders and family members or living alone. Some of the perpetrators were hot-tempered, quarrelsome, addicted to alcohol and *khat* (its scientific name is *catha edulis*). Khat is a type of leaf people chew for its psychic stimulant effects which may lead to delinquent behaviour and abusive situations.

Table 10: Relationships of Perpetrators and Abused Elders

Perpetrators of Abuse	Number of Abused Elders
Neighbours	9
Children	7
Friends	6
Other relatives	5
In-laws	5
Grandchildren	4
Community members	4
Nephews	3
Wives	2
Workmates	2
Employers	2
Siblings	1
Housemaid	1
Sharecropper	1

The perpetrators had relationships with abused elders as children, grandchildren, siblings, nephews, nieces, wives, relatives, in-laws, housemaid, friends, neighbours, sharecroppers, employers, workmates, community members, and customers of *tella*, *areki* and food (see Table 10). Elders living with HIV/AIDS were most likely to be abused by different perpetrators including siblings, nephews, other relatives, friends, neighbors, community members, and customers. Fikirte and Zewditu reflected that being an HIV/AIDS patient in later life brings a high risk of vulnerability to abuse. As shown on

Table 10, neighbors (9), children (7), other relatives (5), and in-laws (5) were the most common perpetrators, followed by grandchildren (4) and community members (4).

A perpetrator may commit different types of abuse. Multiple cases illustrate this point. For instance, Girma’s son and daughter-in-law perpetrated emotional, financial abuse and neglect. Tamiru suffered from emotional, physical, financial abuse, and neglect at the hands of his wife. Hedja was the victim of emotional, physical and financial abuse perpetrated by her granddaughter. Fikirte and Zewdie were emotionally and financially abused by their neighbours and friends. Emebet (niece), Lemlem (neighbour), Kebede (housemaid), Almaz (granddaughter and grandson-in-law), Bekelech (son and daughter-in-law) encountered 2 or more types of abuse by the perpetrators noted in the brackets.

Table 11: Duration of Abuse

Duration of Abuse	
Length of Time in Years	Number of Elders
5	1
6	3
7	2
8	6
10	1
11	1
12	1

Elders elaborated that they experienced abuse before and after the age of 60. Elders experienced abuse for 5 to 12 years (See *Table 11*). Six elders (40% of the respondents) were abused for 8 years, and on the average the elders in this study experienced abuse for 7 years and 8 months. Abuse occurred throughout the year in the home, village, taverns, and marketplace, as well as in the neighbourhood, homestead, and

work place. There was an increase in the frequency of abuse among elders who lived with or close to the abusers.

4.4.2. Types of Abuse Experienced by Elders

Elders explained that as they got older, and became poor in their economic and health conditions, they were likely to experience different types of abuse. Each elder experienced at least 2 types of abuse.

4.4.2.1. Emotional Abuse

Table 12: Types of Abuse Experienced by Elders (n= 15)

Types of Abuse	Gender		
	Male	Female	Total
Emotional or psychological	6	9	15
Physical	2	2	4
Financial	5	8	13
Neglect	5	9	14

In the previous five or more years, all 15 elders experienced emotional or psychological abuse (see *Table 12*). Elders felt sadness, anger, shame, fear (sometimes abnormal fear), and anxiety. Elders were insulted, yelled at, bullied, verbally or non-verbally threatened, disrespected, undermined, and humiliated.

Elders were afraid of their support providers: children, neighbours, grandchildren, in-laws, siblings, wife, and friends. Almaz, Fikirte, Girma, Hedja, Jemberu, Senayit, Tamiru, and Zewditu remarked that they were afraid to express their feelings and needs to their support providers, to talk to them, to request food and drinks, to make comments, to ask for help, and to get financial and material support.

Elders shared examples of emotional abuse they experienced. Although she felt hunger and thirst, Almaz, 85, was afraid of asking her sister for food and *tella* (local

beer). Jemberu, 90, assumed that asking his daughter or other persons to do something might cause burnout for providers of support. Jemberu was reluctant to ask his daughter to do something; rather, he let his daughter do things by her own will.

Fikirte, 64, felt shame about living with HIV/AIDS because of people's limited knowledge about HIV/AIDS and their attitude towards her and other persons with HIV/AIDS. Fikirte reflected that some people considered unsafe sexual practices as the only means of HIV/AIDS transmission and they labeled a person living with HIV/AIDS as adulterous. Fikirte rejected this hasty generalization. When people met Fikirte in the marketplace or in the village they asked her, "*How an old person contracted HIV/AIDS unless he/she is in adultery?*" In other words, people were telling Fikirte that she contracted HIV/AIDS because of her adulterous behaviour, and they caused Fikirte to feel shame. Fikirte covered her face with a scarf so as not to be identified by people.

Fikirte was shocked and emotionally unstable for a couple of weeks when she heard her HIV sero-status. She became fearful and suspicious of persons including her relatives, neighbours, and community members. The reactions of her neighbours and community members who knew her HIV sero-status particularly anguished Fikirte to the extent of developing different images about herself, death anxiety, and fear. Fikirte explained her feelings as follows, "*I imagined that people perceived me as a furious animal. I developed death anxiety, and feared that someone would murder me on my bed.*"

Zewditu, 65, lived with HIV/AIDS. She shared the experiences of Fikirte pertaining to HIV/AIDS. Zewditu felt shame when people talked about HIV/AIDS in her presence. She screamed and became angry because of the stigma and discrimination.

People raised their fingers at Zewditu to show other persons that she was living with HIV/AIDS. This was very annoying to Zewditu.

Senayit, 80, was shy and afraid to ask for financial and material support because some people discouraged her from receiving alms. Tamiru, 66, was highly frightened by his wife. He reflected, *“I was afraid to speak, and to express my feelings and interest. I kept quiet due to fear of my wife’s objection and harassment. My wife was merciless. I lived in fear.”* Hedja, 80, similarly shared, *“I was afraid to negate the ideas of my granddaughter as she bullied and threatened me.”*

Girma, 92, was angry when his son yelled at him to stop talking. Kebede’s housemaid, 60, lived with him for 7 years. She threatened to abandon him unless he agreed to increase her salary. Kebede’s housemaid used to be humble but recently she became impolite causing him sadness and anger.

Elders were insulted for many reasons including their old age, physical appearance, poor hygiene, poor health conditions, behaviour, slow physical movement, for challenging others’ ideas, idleness, economic dependence, being poor, being an HIV/AIDS patient, failure to do a certain job, alcohol addiction, sexual impotency, and for raising questions about property issues and privacy. Insulting words uttered by perpetrators of abuse against elderly people included: senile, lousy, drowsy, stupid, foolish, lunatic, dumb, blind, lame, dismal, dirty, boring, sorcerer, drunkard, beggar, troublemaker, chatterbox, greedy, selfish, evil, and cursed. Abusers also used facial expressions and gestures to insult and frighten elders. Elders were touched by these insulting words and reacted against the abusers differently.

Hedja narrated, *“My granddaughter insulted me when I advised her to refrain from having many sexual partners and going to the hotel. Her sexual partners crowded the house. I feared that they may beat me. She warned me not to speak any word opposing what was going on in the house. I kept quiet.”*

Tamiru was insulted by his wife as a senile and impotent person. She harassed him by telling him to go away from home and to live in the church. Almaz was frequently nagged, insulted, and threatened by her disrespectful granddaughter. Almaz’s grandson-in-law glared at Almaz and uttered this annoying phrase, *“You ate food but you did nothing.”* Senayit was badly treated by her son-in-law after the death of her daughter. Senayit complained, *“My son-in-law nagged me because I could not cook food and manage the house properly. I was tired and too slow to do house chores quickly.”*

Yalew regrettably expressed that his drunkenness brought him insults from family, neighbours, friends, and community members. People insulted him in the tavern, or they provoked him to the point of losing his temper and insulting other persons. He became a laughing stock, and people entertained themselves while he was chatting in the taverns and along the streets.

Culturally when elders got drunk, neighbours and other persons should tolerate, treat, and cool them down instead of provoking them to misbehave. Norms of respecting elders although they become intoxicated should be kept intact. In fact, tolerance and fair treatment of other drunkard persons (those who are not elders) was a cultural norm, but special consideration was given to older adults. However, it does not mean that drunkardness is a culturally accepted behaviour.

Another elder, Dawud, 90, was insulted and humiliated by his neighbours who were age mates to his deceased children. I observed that he had mixed feelings of sadness and anger when he described the event. Dawud noticed, *“I was shocked and anguished by the insults of my neighbours. Being insulted by a person who was much younger than me was painful.”*

Being an HIV/AIDS patient in old age, Fikirte faced criticism and insults from her relatives, friends, and neighbours. According to Fikirte people commented, *“She was not equal with other persons as she was living with HIV/AIDS.”* Emebet, 70, was an epileptic and as a result some people perceived her as foolish, unintelligent, and indecisive. She was insulted and threatened to death by her niece. Girma’s son had a negative attitude towards his father. He always discouraged Girma and considered him as a troublemaker in the family. Girma’s son said, *“You (Girma) sat idly and ate food. Death broke your family (Girma’s wife died in 2007 and the family was disintegrated) and now you are going to separate me from my wife.”*

Lemlem’s friend sold *areki* and *tella*, and she became intoxicated regularly. Lemlem and her friend lived under a common roof separated by a wall. When the friend got drunk, she insulted Lemlem and then apologized to Lemlem after she awoke from intoxication. Lemlem stated, *“She insulted me in the night and greeted me in the morning.”* Lemlem had another *“blatant”* and *“aggressive”* 78- year- old neighbour (hereafter Geday) who died in December 2012. Geday insulted Lemlem when she invited her to drink coffee, saying: *“May you eat soil.”* However, Geday did not miss the invitation. Lemlem was afraid of Geday.

Study participants reflected about the decline of respect given to older adults in comparison with previous times. Yalew reflected, *“When I was an adult I was respected by the people. There was no respect in old age. Young people humiliated elders. This was the time for the young people to not show respect to older adults.”* Tamiru, Lemlem and Medina supported Yalew’s reflection and shared their personal accounts. As Tamiru put it, *“I was not respected in the neighborhood and in the community.”* Lemlem complained, *“I did not receive respect that I deserved as an old woman.”* Medina added, *“My son did not respect me.”*

Perpetrators of abuse looked down on abused elders because of their physical appearance, and undermined their ideas and activities. Zewdie mentioned, *“People looked down me because of my slim body and HIV/AIDS.”* Senayit was undermined by her son-in-law and neighbours. Almaz forwarded useful ideas to her granddaughter and grandson-in law but her ideas were undermined. Fikirte was disgusted with the behaviour of her siblings and relatives. They underestimated her ideas and considered Fikirte as talkative. Fikirte’s siblings and relatives left her alone in the open field interrupting the discussion on Fikirte’s personal problems and family issues.

Bekelech was humiliated, bullied, and disrespected by her grandchildren and daughter-in-law. Bekelech condemned her daughter-in-law’s leniency towards her children. Bekelech described, *“My grandchildren did not respect me, and they humiliated me. When I slept earlier putting the torch light off, my grandson (11 years old) warned me to wait for him. Otherwise he would not come home to accompany me in the night so that I would not be frightened. He bullied me. When my grandchildren laughed at me, their mother (Bekelech’s daughter-in-law) laughed with them. She did not try to punish them.”*

4.4.2.2. Physical Abuse

Fewer elders experienced physical abuse compared to psychological abuse, financial abuse or material exploitation, or neglect. As presented in *Table 12* only 4 (2 men and 2 women) elders - Tamiru, Hedja, Emebet, and Yalew - reported physical abuse perpetrated by a wife, granddaughter, friend, and niece. In order to understand the context, the experiences of these four older adults are presented individually.

Tamiru was too exhausted to engage in income-generating activities, he could not subsidize the household, and he had a sexual problem that brought him conflict with his wife. There was misunderstanding on financial matters, household property, food, and on issues related to their son and neighbours. Tamiru's wife instigated an attack on Tamiru under the pretext of his delay in getting home. In addition, her drunkenness triggered their conflicts to the point that she resorted to physical abuse. Tamiru remarked that his wife became aggressive after he abstained from having sexual intercourse with her. Tamiru has been beaten by his wife as of 2008. Tamiru's wife insulted him, "*You are not a male, and you are not my husband since you are sexually impotent.*"

Tamiru was battered by his wife four times between May and September 2012. His wife struck him with a stick, stone, shoe, hands and feet on his head, hands, legs, and abdomen during both the day and night. She pushed him against the wall, dragged him on the ground, and scratched his body. She slapped him and bit his arms. Tamiru showed me his body scars, bruises, and scratches on his face, hands, feet, and back.

Tamiru was not strong enough to wrestle against his wife. He was starved but she was well fed and energetic enough to punish him physically. If he tried to kick her, he

feared she would strike him to death. Tamiru's son was indifferent to his father; he did not try to shield his father. Tamiru cried to get support from neighbours but they arrived too late or they remained at home hearing his cry and they considered it as a usual event. Tamiru's case may be considered as an example of abuse of an elder by a spouse in later life. Tamiru discussed that he was abandoned by his wife for several days and he suspected her as an adulterer. He narrated,

My wife locked the door behind me during night time. She abandoned me in the house and she stayed until midnight or sometimes she slept the whole night in the houses of our neighbours. I suspected that she had sexual engagements with men in the neighbourhood. She did not recognize my husband hood due to my sexual impotency. For her being sexually active was a sign of husbandhood.

Hedja, 80, was beaten by her teenage granddaughter. Hedja wept when she described the situation, *"I brought up my granddaughter. Now she grew up and beats me."* Hedja's granddaughter got angry and insulted her when Hedja advised her not to leave home to spend the night in the hotel. Ultimately, the granddaughter twisted Hedja's left hand in April 2012 at night time. Hedja stayed in bed for three months until she got better.

Emebet was also physically abused by her niece. Emebet brought her niece from the rural area to sell tea, *areki* and *tella* with her to improve their lives. They were friendly for a certain period of time. Emebet's niece had a secret aim to own Emebet's house by any means. Emebet was slapped and hit on her back and chest by her niece. One night Emebet's niece closed the door and prepared a big stick to beat Emebet. The niece grabbed her and Emebet cried loudly for help. Neighbors rushed in, broke the window, and entered the house to rescue Emebet. Moreover, the niece tried repeatedly to murder

Emebet by giving her malathion (a type of poisonous pesticide) mixed with *tella*. Emebet was suspicious and so refused to receive food and drinks from her niece.

Yalew was beaten with a stick by his friend and workmate. Sometimes a dispute unexpectedly arose between them while they were drinking and chatting together in the tavern. Both Yalew and his friend (who was in his mid 40's according to Yalew) became drunk and struck each other with a stick. Yalew was injured on his leg and abdomen to the point that he had to undergo medical treatment and take rest for three weeks to recover from his injury. In fact, they had good relationship which was sometimes interrupted by misunderstandings related to their work and conflicts between their wives and children in the neighbourhood. Alcohol precipitated tensions between Yalew and his friend that led to physical confrontations.

4.4.2.3. Financial Abuse or Material Exploitation

Elders were also victims of financial abuse or material exploitation. Among the 15 interviewed elders, 13 (5 men and 8 women) experienced financial abuse or material exploitation (see *Table 12*). According to the study participants, they became vulnerable to financial abuse because of their lack of knowledge about calculating prices of goods and services, due to health problems and physical disability, and their lack of power to manage, own, and utilize their properties. Perpetrators of financial abuse were children, grandchildren, spouse, niece, relatives, in-laws, sharecroppers, friends, neighbours, customers, and unknown persons.

Practices of financial abuse or material exploitation involved stealing, cheating, denial of money, transfer of ownership rights through maneuvering, concealment, damage, and misuse of properties, and refusal of borrowers to return money and

materials. Moreover, land-grabbing, dishonesty of sharecroppers in cultivating elders' land properly and sharing crops with elders fairly, sabotage of business activities, and exploitation of labour were examples of financial abuse.

Elders gave brief accounts of their experiences that elucidated practices of financial abuse. In 2012 Tamiru's son stole his father's clothes and sold them. Tamiru lost his reserve trouser, shirt, and coats so that he was obliged to wear the same clothes that were full of lice day and night. Hedja worried about where to put her money. She bound the money with plastic and buried it underground in the house to hide it from "the hunter" -her granddaughter. However, the granddaughter easily identified the place, dug up the ground, and stole the money. Hedja shared,

I lost the money several times. I prepared a small bag from a piece of cloth and put the money inside it and hanged it on my neck. In the midnight the hunter started cutting this small bag with a razor to take the money. I woke up and she retreated back. I said nothing fearing her insult and beatings. Even she found the money that I buried underground. She spent the money to buy biscuits, tea, soft drinks and chewing gum.

Almaz had a silver bracelet that she decorated herself years ago. In her old age she put it in a hiding place in the house to sell it and in return to buy grains in time of food scarcity. Almaz's daughter-in-law stole the bracelet and sold it. Fikirte was another victim of financial abuse. She narrated,

My neighbours stole my money and a cock. I lost a quintal of pea which cost 400 birr (US Dollar 22.17) that it took me 4 years to pay my debt to a merchant. I have the problem of forgetting many things including my property after I became AIDS patient. When I was seriously sick neighbours and friends came to my house to visit me and at the same time they stole my money, cereals and utensils. Nearly I lost 1000 birr (US Dollar 55.43).

Zewditu was a bedridden AIDS patient for a couple of weeks. She lost her cups, seven glasses, plates, and money. She suspected her neighbours and friends of stealing utensils and the money when they came to the house to visit her. In 2008, unidentified thieves stole Jemberu's oxen and donkeys. He could not search for his oxen and donkeys as he was an old man and a sick person. In his young age and adulthood he was feared and respected in the community, and no one tried to steal his property. Even his cows, oxen and donkeys stayed overnight in the open field nearby his house. Jamberu reflected, *"In the old age I became a victim to thieves. I could not protect my property from thieves. Moreover, some persons grazed their cattle over my grain field and pastureland forcefully."*

Bekelech was exploited by her son who contracted her farmland to cultivate it as a sharecropper. For the last eight years, she was dissatisfied by the quality and quantity of grains she received from her son. She regarded him as an inefficient and lazy sharecropper. He was not genuine, he did not cultivate the land properly, and he did not use selected seeds and chemical fertilizers to increase the yield. In the harvest season he took $\frac{3}{4}$ of the yield, whereas Bekelech received a quarter of the total yield. Bekelech remarked, *"I lost many things. I faced shortage of food. My son was greedy, unwise, and a plunderer. I could not supervise the process of harvesting crops on the field. The former share cropper was not my relative but he was more concerned and efficient than my son."*

Kebede doubted that the sharecropper was providing him the exact amount of product that he deserved. He was not able to supervise and audit crop fields and the amount of yield. Kebede reflected, *"Simply I heard what the sharecropper said about the agricultural product and received what he brought me."*

Jemberu had no trust in the sharecropper. The sharecropper did not give him the exact percentage (that is, $\frac{1}{4}$) of the total yield. Jemberu knew that he was cheated by the sharecropper but he could do nothing. He thanked the sharecropper and also received what he gave him. Jemberu could not walk to supervise crop fields during the harvest season. He said, *“I relied on God to keep my crop fields. In the 1990s and before, I was a well-known farmer. I produced various types of crops, I had heads of cattle and dozens of bee hives. I was serious in supervising my farm lands and cattle. Now I could not do all these activities because I was old, sick, and paralyzed.”*

Elders mentioned in the process of buying and selling goods they were cheated by customers. Almaz stated, *“When I bought something some merchants did not give me the actual amount of return. They cheated me.”* Fikirte was also cheated trading in peas. She described, *“When I sold pea some of the customers cheated me, and they calculated the price wrongly for their own benefits and they paid me less money. For some time I went into bankruptcy trading in pea.”*

Kebede discussed that his money and crops were inappropriately used by his housemaid. Kebede was a frail elder and could not follow up activities of the housemaid effectively. He left many responsibilities to his housemaid, as he explained, *“I gave the caregiver the money and crops. It was up to her honesty to use the money and crops wisely. She went to market to sell and to buy items but I could not crosscheck the amount of money she spent and earned. She cut off the money that she gave me, and transferred crops to her children. We ran short of crops before fall of the new harvest season.”*

Elders were not able to resist the pressure imposed by perpetrators to take a certain portion of their lands. Neighbors forcefully took Tamiru’s land between his house

and the neighbours. Farmers who shared a border with Jemberu's farmland cultivated Jemberu's land crossing the demarcation line. Senayit and Lemlem were forbidden by their neighbours to dig pits for latrines although they had equal rights to use the land for this purpose.

Almaz, 85 and blind, gave her sister-in-law some money at different times that she received from her relatives. She did not know the exact amount. Almaz advised her sister-in-law to put the money in a safe place and give it back to her (to Almaz) whenever necessary. Some years later Almaz asked her sister-in-law to give back the money. Almaz's sister-in-law informed Almaz that the amount of money was only 70 birr. However, Almaz estimated that the amount of money was more than 70 birr. Almaz felt that her sister-in-law stole the money.

Jemberu commented that some people were not willing to pay back the money that they borrowed from him. Jemberu mentioned the reason for refusal of debtors to return the money or materials, "*They knew that I was old and too weak to compel them to return the money.*" The views of Yalew were similar to Jemberu. Yalew added, "*Some borrowers refused to return; others returned the money or goods in time or too late and gave me excuses for the delay.*" Many elders expressed that people were not willing to lend them money because they had no trust in the financial capacity of elders.

Perpetrators of financial abuse or material exploitation hid, misused, and damaged elders' resources. In this regard, the cases of Tamiru and Lemlem are explanatory. Tamiru's wife was extravagant and she hid the money that he gave her to buy food or other household items. She gave foods and drinks to neighbours while Tamiru was suffering from hunger. She ignored and insulted Tamiru when he advised her

to use food, money, and other resources properly. She told him that it was not his concern. Lemlem put her glasses, plates, cups and pots in her friend's house for security reasons but many of them were damaged by family members. Lemlem was doubtful about the return of the remaining materials.

Some of the study participants were denied ownership rights and the right to make decisions about the sale or use of their own properties. The case of Emebet illustrates the situation further. In 2000 Emebet allowed her niece to live with her. Emebet's niece was engaged in commercial sex work and selling *areki* and *tella*. Emebet described how she lost her house:

I inherited a house from my mother in 1993. My niece planned to take this house through deception. In 2002, in collaboration with her boyfriend (an official in the kebele administration) and others they convinced me to sign an ambiguous document dully. Virtually this document granted ownership right to my niece. I lost ownership right to my house and resided with my neighbor to serve as a housemaid.

Tamiru's wife claimed that the house was her personal property, denying his entitlement to dual ownership rights. Bekelech was prohibited by her son from picking ripened maize. She stated, "*I could not take a ripen maize from the farmstead to eat without getting permission from my son –the share cropper. The land was mine but I had no right to pick a single ripened maize from the farm. My son counted the ripened maize that he gave me. This was strange to me.*" Girma had no power to sell and to use grains that were his share. Girma's son and share-cropper at the same time sold Girma's grains and used the money without Girma's consent. Jemberu lost much when his children sold his cattle without his permission while he was on his sickbed. Kebede's son cut down trees without getting permission from his father and constructed a house for himself.

Zewditu faced a reduction in sales of *tella* and *areki* that shrunk her income. According to Zewditu, neighbours deliberately misinformed customers not to drink her *tella* and *areki* to protect themselves from transmission of HIV/AIDS. Some of the neighbours earned income from selling *areki* and *tella*, and they competed with Zewditu to attract customers and gain more profit. Wrong information disseminated by Zewditu's neighbours and business rivals reduced the number of her customers. Zewditu explained, *"People walked into my house to drink tella and areki, when they watched me they got frightened and returned back soon."*

Zewditu prepared *tella* but she could not sell it. As the *tella* stayed longer it became sour that she had to discharge it into the ground several times. Subsequently the amount of profit obtained from selling *tella* and *areki* dwindled. Zewditu continued, *"I could not sell tella for two years and became bankrupt. I lost about 1230 birr (US Dollar 68.18) to prepare tella. I could not make profit."* During the interview Zewditu indicated, *"My business revived due to changes in customers' perception about HIV/AIDS. The customers came to my house and drank tella and areki."* The acts perpetrated by neighbours targeting Zewditu's business can be viewed as another facet of financial abuse.

Elders like Senayit who had workloads that sometimes brought them injury and deterioration of their health conditions. Senayit was fed up with taking care of her grandchild and son-in-law who lived with HIV/AIDS, managing the house and doing home activities. Senayit noticed, *"I was exhausted to cook food and boil coffee. I fell on the fire and my toga was blazed. I escaped from further fire accident slightly. I was not in a good health condition."* Bekelech was tired of washing her clothes and collecting water

from the stream. Bekelech's grandchildren did not assist her. She felt pain on her back when she carried objects.

In the case of Yalew, sometimes employers did not pay him the money after he completed the work (plastering the house, digging water well or pit for the latrine) or they reduced the pay to a fraction of the original agreement. Emebet lived with her neighbour for 10 years as a servant but she had no monthly salary in return for her services. Embet's neighbour and employer bought her only 2 dresses and 1 toga within 10 years, and they gave her overused clothes which were not suitable for her work. Emebet felt that she was exploited by an employer.

4.4.2.4. Neglect

Neglect was identified by 14 elders (5 men and 9 women) as the most common form of abuse next to emotional or psychological abuse (see *Table 12*). Elders were deprived of food, clothing, and clean living conditions by family members, relatives, friends, and neighbours. Bekelech claimed that she was already neglected by her children, grandchildren, and in-laws. She was dissatisfied with the care and support that she received from family members and relatives. Bekelech mentioned, "*I was neglected. I expected nothing from my children, grandchildren, and in-laws.*" Lemlem added, "*My relatives were not concerned about me. They did not greet and support me. Oh my God! What a bleak time we are living in?*"

4.4.2.4.1. Food Neglect

Elders complained of insensitivity of some children, family members, relatives, friends, and neighbours to provide them food and drinks- *tella*, *areki*, milk and milk products. Manifestations of food neglect perpetrated by the abusers comprised of

withholding food and drinks serving poor quality food, reducing the amount of food given to elders, discouraging elders from asking for foods and drinks, and delaying meal times.

Tamiru was offended by his “*negligent and greedy*” wife. Tamiru stated, “*My wife gave me dried injera without wot while she ate different types of well-cooked foods. She served me poorly cooked and spoiled foods that exposed me to stomachache. She withheld food for 2 weeks in September 2012. I was dependent on alms to satisfy my hunger.*’

Medina, a blind woman struggling with different health problems acknowledged food support provided by friends, neighbours and other persons. However, some people brought her spoiled foods that had bad smell and taste. Medina was seriously ill with food contamination that she could recover after getting medical treatment. Medina reflected, “*I thought that some people brought me spoiled foods considering me as a blind woman who could not see the quality of food and had nothing to eat. Allah rejects such kind of acts. Although I was blind, I could smell and taste to identify the quality of food.*”

Kebede explained his experience of food neglect in the hands of a housemaid. Kebede remarked, “*My housemaid did not provide me food in time. Sometimes when she went to market (it is 8 km from home) I ate my breakfast in the morning and stayed the whole day without serving my lunch. She came back home in the evening and served my supper.*”

Bekelech felt sorrow for inattention of her children to provide her foods and drinks. Bekelech mentioned, “*My son and daughter-in-law had enough tella, milk and food but they invited me rarely. I was afraid to ask them for food and drinks as they*

were not interested to share. I wanted to drink tella and milk but I could not afford to buy them.”

Some support providers did not respect mealtimes to serve food to elders. Almaz was disappointed by her granddaughter’s lack of concern to serve her foods. Almaz complained, *“I suffered from hunger. My granddaughter did not provide me food in time. She was careless. She did not ask me whether I ate or not. When there was any food available, I ate my breakfast when the lunch time approached. She delayed to serve me food and drinks to satisfy my hunger and quench my thirst.”*

Similarly, Kebede’s housemaid did not serve him breakfast, lunch, and dinner in time. Bekelech remembered that her daughter-in-law was not providing her meals in time. Mealtimes were frequently far between so that Bekelech endured long hours without food, exposing her to hunger. Bekelech also added, *“My daughter-in-law did not serve me food and tella when I wanted to eat and drink. She waited for the coming of her husband to serve me food and drinks.”*

Emebet lived with her employer and ex-neighbour for more than a decade serving as a housemaid. Emebet was afraid of expressing her feelings and interests including asking for food and drinks. Often times Emebet tolerated hunger and strong desire to drink coffee until she was allowed by an employer. Emebet pointed out, *“I prepared food but I had to get permission from an employer to eat. My employer strictly controlled the food and drinks (tella and coffee). I was afraid of asking my employer for food, tella and coffee. I was addicted to coffee but I could not satisfy my thirst since the employer did not allow me to boil coffee daily.”*

Jemberu explained his dissatisfaction with the quality of food he ate. He complained about the inefficiency of his daughter in food preparation. According to Jemberu,

I cried and felt sad because I was not comfortable with my life style since 2007. Usually I ate the same kind of food that was injera prepared from dagusa and teff with shiro wot. I had to eat the same type of food to live. I could not get my favorite food. Milk and milk products were not included in my diet. I had no proper caregiver (his daughter); she was not a good cooker. When I felt sick my appetite decreased. I had no money to buy meat, milk and eggs to satisfy my appetite, and to employ a servant that could prepare tasty foods.

Girma was one of the victims of food neglect. Girma lived in a rural village located approximately 3 km in the outskirts of Dangila town. I saw him twice in September 2012 coming to Dangila town in the morning to serve food in a small restaurant. The weather was foggy and chilly, and the street connecting Girma's house and the town was swampy and muddy. Girma was walking slowly on barefoot holding his walking stick in his right hand. He folded his old trouser upward to his knees to protect it from getting soaked. Girma wore a yellow patched jacket, thin and dirty toga, and he covered his head with a rag. I greeted him warmly and we spoke briefly. Girma's case exemplifies the nature of deprivation of food experienced by neglected elders. As Girma shared:

I suffered from hunger. My daughter-in-law did not serve me food in time. When I asked her for food, she said no. My son was indifferent, he did not supervise what I eat and drink. There were times when I ate little food or stayed the whole day without food. Sometimes I served a cup of tea and yebuna kuris (it may be slice of bread or dried or boiled cereal given to attendants of the coffee ceremony while the coffee is served) in the morning and wait until supper. Though I felt hungry, I refrained from asking my daughter-in-law and son for food. I feared hearing their discouraging response, no food! I waited patiently until they called me to eat. I

was served food after family members ate first. Most of the time, my daughter-in-law gave me inadequate, left over, and spoiled foods.

Besides food neglect, older adults under study explained problems of shortage of food and firewood, and lack of physical strength to prepare food, and failure to respect meal times. Shortage of food was a problem for most of the study participants that sometimes ended up in starvation. When elders and support providers became poor they were prone to inadequate food intake. There was some variation in the magnitude of the problem of food. Some elders faced scarcity of food for the whole year with slight improvement in the availability of food during harvest season due to a relative reduction in the price of cereals. Many elders explained that in the months of June, July, August and September, the shortage of food became acute. For instance, Kebede noticed, *“I faced scarcity of food and money before the fall of the harvest season mainly in September and October.* Almaz, Bekelech, Girma, Lemlem, Medina, Senayit, and Tamiru faced a chronic shortage of food.

Because of financial problems elders could not diversify the types of food they ate. Most of elders used to eat maize, *gibto*, and *injera* prepared from maize and *dagusa* (a kind of cereal used to prepare *injera*, and it serves as an ingredient to prepare *areki* and *tella*). Medina stated, *“I ate potato and shiro wot with injera.”* *Shiro wot* is prepared from cereals, it is cooked in a liquid form and usually served with *injera* and bread. Girma also said, *“Meat and yoghurt were my favorite foods but today they are missed in my meals.”*

Bekelech herself was not serious in respecting mealtimes after she started to live alone nearby her son’s house. On several days she missed a number of meals. She

described, *“I used to eat two injeras for five days.”* This statement entails that Bekelech was not serving her breakfast, lunch, and dinner at the right time. In the case of Lemlem, during fasting days she took ART without having breakfast which was not recommended for her health.

Fatigued and ill elders and those with physical disabilities were challenged with preparing food due to the challenges of physical labour. Elderly women such as Medina, Lemlem, Fikirte and Zewditu faced problems with cooking food and even sometimes with eating. Zewditu remembered the night that she was seriously sick and felt hunger and thirst. She stated, *“I was too exhausted to bring water and food from the table to eat. I was alone. I was afraid to call my neighbours at night to serve me food and water.”*

Older adults talked about the problem of firewood to cook food, and they were concerned about its rising cost. Some elders mainly women (Hedja, Emebet, Senayit, Lemlem, Fikirte, and Zewditu) collected leaves and cow dung from nearby bush land and grazing for household consumption. Because of the shortage of firewood, elders and their supporters sometimes could not cook their food properly which affected their flavor.

4.4.2.4.2. Clothing

As far as the problem of clothing is concerned, half of the respondents namely Almaz, Bekelech, Emebet, Girma, Lemlem, Senayit, Tamiru, and Zewditu experienced serious problems. These elders had no extra clothes, and they had no blankets and sheets. Many of them always wore the same clothes day and night. In some cases, family members and relatives were not willing (or they ran short of money) to buy clothes.

Almaz was a destitute monk. She expressed, *“I had no night clothes, blanket and bed sheet, reserved dress, and toga. I felt cold in the night time and half of my body got insensitive. My grand- daughter and grandson-in-law were poor; they could not afford to buy clothes for me.”* Senayit wore a mended dress made of cotton, as she said, *“I felt cold, I had no warm clothes. No extra clothes.”* Emebet had only one dress and one old toga that she wore day and night. She felt ashamed to interact with people because of her dirty and mended clothes.

Bekelech had patched clothes; she needed an extra dress but she could not afford one. Her children were not willing to buy her clothes. Zewditu had no underwear, extra dress, or toga. It was shameful to Zewditu to serve food and drinks to the customers wearing a mutilated dress. Girma also noticed, *“I have only 1 old coat and 1 trouser bought in 2010. I asked my children to buy clothes but they refused.”* Among the elders interviewed, only Dawud, Fikirte, Kebede, and Zewditu had shoes.

4.4.2.4.3. Living Space and Sanitation

Many elders lived in a narrow and single room houses and their sanitation was poor. Some of the household articles were not clean and properly arranged. The roofs, walls, and household materials were covered with dust and spider’s webs. The houses were not bright enough by day. In the night time elders used firewood, torches, and kerosene to light their houses. In the case of Bekelech, she had no money to buy kerosene so instead she prepared a torch light binding rugs and castor plant and rolled it on a stick. I saw Bekelech preparing such a torch light. She ate her dinner and went to bed early to save torch light. Girma supplemented, *“I did not feel warm in the night. There was no fire*

or kerosene lamp in the house. I ate my dinner (if it was available) and went to my bed early before sunset.”

Bugs, lice, and fleas were a nuisance for many of the study participants. Elders explained their discomfort caused by bugs, fleas, and lice. Senayit reflected, *“Bugs dropped out of the roof. I was bit by bugs, fleas, and lice. I could not sleep because these pests irritated my body.”* Jemberu mentioned, *“My house was full of bugs, lice and fleas that made me sleepless. I was restless scratching my body that created allergy.”* Elders were not able to control these pests.

I observed the houses of the respondents. Most (10 elders) lived in a single room. They cooked, ate, and slept in the same room. In addition to health problems, elders could not get enough sleep because of the nuisance created by pests, inadequate night clothes, and uncomfortable sleeping places and beds. Among the study participants, ten elders slept on a bed (but it may not be well furnished). Medina, Emebet, Senayit, Almaz, and Bekelech had no beds; instead they stretched thin plastic, hide or skin on the floor as a place to sleep. Almaz did not get enough sleep. She wished to sleep on a comfortable bed. Almaz described, *“No bed. I used to sleep on a plastic sack filled with straw. This thin mattress was not comfortable to sleep. It was infested with bugs and fleas. I was sleepless and I spent the night scratching my body. If I slept on a comfortable bed, I would never complain about hunger.”*

Emebet was epileptic. She was assigned by her boss to sleep in the crowded kitchen room. She wore a thin and patched toga that did not protect her from the cold. One day, Emebet had a seizure at night and fell on the ground and foamed at the mouth. Her body was covered by ash. Emebet could not get any help from family members as

they were already asleep in a separate bedroom. Gradually, Emebet became conscious and rose up from the dust. Emebet used holy water to drink and bathe her body, yet she could not get relief from epilepsy.

“My feet were filled by jiggers but I could not pull them out.” This was a statement made by 80- year- old Senayit. Senayit’s daughter and grandchildren were not concerned about her personal hygiene. They did not help Senayit to wash her clothes and body or to get medical service to treat jiggers that caused her difficulty in walking. Senayit’s limited vision did not allow her to pull the jiggers out of her feet with a needle. When she tried to remove the jiggers, she inserted the needle in the wrong place which resulted in bleeding and swelling of her feet.

Almaz clarified that her granddaughter and grandson-in-law did not wash her dress regularly. Almaz mentioned, *“I remembered that my grandson-in-law washed my dress only three times within four years.”* Girma also elaborated, *“I wore dirty clothes. I was too tired to wash my body, and I had no soap and water. I have never washed my body for a long time.”*

I observed that elders wore clothes full of dirt. In the course of the interviews, elders scratched different parts of their body uninterruptedly. Almaz, Emebet, Bekelech, Girma, Lemlem, Senayit, and Tamiru were noticeably scratching their bodies throughout the interview. Elders had limited access to water and soap to wash their clothes and bathe their bodies.

Elders pointed out the issue of medical neglect perpetrated by family members, relatives, and neighbours. Some were not taken to health institutions in time to get medical services. They suffered from diseases and stayed for a long time without getting

medical treatment. Girma shared, “*My son was not willing to take me to the clinic to receive medical treatment. He was not interested in giving me money to cover medical expenses. My relatives did not assist me when I was sick.*”

4.4.2.4.4. Emotional Neglect

Elders explained that they were emotionally neglected. Some elders were not visited by children, grandchildren, close and distant relatives, friends and neighbours during holidays, in time of sickness, and when they sought emotional support. Jemberu was denied the emotional support that he expected from his children and grandchildren. Jemberu elaborated,

I celebrated the holidays in my house together with my children, relatives and neighbours preparing lavish feasts. Celebration of the holidays was interrupted since 2008 after I divorced my wife. I stayed in the house alone during the holidays. My children and grandchildren have already ignored me. For the last 5 years my children did not buy me sheep to celebrate the holidays in the New Year and Easter.

It is customary that as of eve of the holiday family members, neighbours, and friends who were quarrelling made reconciliations and exchanged gifts and celebrated the ceremony together enjoying the feast. During the holidays children present different gifts, clothes, foods, drinks, sheep, clothes, coffee, and sugar to parents. Gifts are considered as an expression of concern and a way of building emotional attachment. But Jemberu’s children did not visit and present gifts to him. Jemberu deeply felt that he was emotionally neglected by his children.

One day Zewditu was left alone on her bed while she was severely sick with HIV/AIDS. No one in the neighbourhood visited, assisted, or talked to her. Zewditu was

not able to close the door and it was left open the whole night. Likewise, Fikirte, another AIDS patient, had a bad memory. Fikirte's neighbours and others who recognized her very well did not invite Fikirte to join holidays and wedding ceremonies and they did not send her food and drinks when she was sick.

Elders reflected that in their old age their ties with relatives, friends and neighbours became loose. Yalew commented, "*I had many friends and invited 20 to 30 persons in the tavern. But in the old age the number of friends and the frequency of my interaction with them were reduced.*" As Yalew explained, the reasons for his shrinking social network were decline of his physical strength, income, and poor health conditions. Dawud strengthened Yalew's reflection saying that, "*People will approach you when you are strong physically and economically otherwise you will be marginalized.*"

Elders were members of community-based associations known as *iddirs* and *mahiber*. Some of them withdrew from *iddirs* and *mahibers*, and others continued their memberships. Elders who withdrew from *iddirs* and *mahibers* did so because of financial constraints, health problems, and physical disability. Elders noted that their withdrawal from *iddirs* and *mahibers* to some extent loosened their emotional attachments with family members, relatives, friends, neighbours and community members.

Elders with AIDS experienced emotional neglect including stigma which disrupted their relations with relatives, neighbours, friends, and members of *mahiber*. In this regard, the cases of Zewditu and Fikirte are informative. Zewditu's relations with her relatives, friends, neighbours and community members became weak. Zewditu was stigmatized by these people after they heard that she was living with HIV/AIDS. She was not invited to join social gatherings.

Neighbors had a misconception about the transmission of HIV/AIDS through sharing cups leading them to quit drinking coffee with Zewditu. She felt that she was disliked by community members. Zewditu also experienced an unforgettable shocking event. As she narrated, *“After I recovered from my sickness I went to rural areas to visit my relatives. I was slim and impoverished. My nieces (they were high school students) ran away when they saw me from afar. I called them to greet me but they disappeared from the scene. I could not believe my eyes but it happened. I was shocked. I had a broken heart. I wished to die soon.”*

Fikirte was an HIV/AIDS patient which brought her criticism and insults from her relatives, friends, and neighbours. According to Fikirte, people commented, *“She was not equal with other persons as she was living with HIV/AIDS.”* Because of fear of stigma and discrimination, Fikirte has not travelled to visit her relatives in the rural areas for the last five years. During the coffee ceremony and other festivities, people separated the glasses, plates and cups that Fikirte used to serve food, coffee, and water. Fikirte’s relatives, friends, and members of the *mahiber* collected their clothes when she sat near them, and some people changed their seats. Members of the *mahiber* sat far from Fikirte, and they did not talk with her. They wrongly perceived that HIV/AIDS may be transmitted through touching. Some people advised Fikirte’s mother to give up providing Fikirte care and support to avoid HIV/AIDS transmission. Fikirte complained that her former neighbours did not visit her when she moved to another village.

Fikirte and Zewditu were emotionally affected by stigma and discrimination when people’s knowledge, attitudes, and practices associated with HIV/AIDS was

limited. Fikirte and Zewditu reflected that these days stigma and discrimination was declining but it was not completely gone.

Elders discussed other aspects of emotional neglect: loneliness and abandonment. Some of the study participants felt loneliness. Irrespective of their living arrangements, having children, spouses, relatives, and friends or not, and health and physical conditions, elders felt loneliness. Dawud reflected, *“As a human being I felt loneliness. It is only God or Allah who does not feel loneliness. Allah does not want friends and relatives because He is everything and Omnipotent.”*

Of course, there were personal differences in the contexts in which feelings of loneliness took place among elders. Childless elders (Emebet, Fikirte, Lemlem and Zewditu) and blind elders were most affected by the feeling of loneliness. Childless elders believed that if they had children they would not be exposed to abuse. Among these childless elders, loneliness appeared to be the worst for Fikirte and Zewditu who lived with HIV/AIDS experiencing stigma and discrimination. Fikirte described, *“If I had children they would take care of me. I would never lobby my siblings and relatives to get support.”*

In line with loneliness and abandonment, elders described their personal experiences. One blind and lonely woman, Medina, shared *“My son abandoned me after he quarreled with neighbors. I lived alone in a small room. Being blind and alone was so difficult. I could not see the food I ate. I may swallow the soil and an insect together with injera (a kind of bread) and become vulnerable to diseases. I was alone; no one supervised my food and drinks.”*

Almaz was a blind nun and narrated her experience of loneliness this way:

Most of the time, I was alone in the house when my granddaughter, grandson-in-law, and neighbours went to market or to the field to do agricultural activities. They closed the door behind me in the morning, and they opened it in the evening when they came back home finishing their jobs. I was locked in the house when I was sick with eye disease for six months from February to August 2012. They left me with a small pot for passing the urine, and I used to defecate in a pit hole located around the hut. I was afraid to stay at home alone but I had no alternative.

Girma was the oldest person in the village. His friends and age mates were not alive. After the death of his wife, he felt much loneliness. Girma complained, *“No one talked to me in the house. My little children were not happy to sleep with me. They abandoned me at home and went to their brother’s (that was my eldest son) house to sleep.”* Girma wanted to chat with his relatives to get relief from loneliness but he was tired, had financial problems, and was not able to travel a long distance on foot.

Tamiru considered himself a lonely person. As he put it, *“Though we lived under a single roof (he referred to his wife) practically we lived separately. I could say that I was alone.”* This statement implies that living with someone is not enough to ward off loneliness unless there is sympathy and empathy between family members or other persons. Sometimes Tamiru was abandoned and locked in the house by his wife at night and she slept with neighbours overnight.

Hedja feared that she may die in the house in the absence of her granddaughter. Hedja was afraid to be alone. She stated, *“My granddaughter abandoned me in the house. She passed the night in the hotel with her sexual partners for two or three days.”* Lemlem was bored by her lonely life. She felt loneliness when her neighbours would backbite and exclude her from the discussion of personal and community issues. Jemberu pointed out

the problem of loneliness, saying, *“I was alone and felt anxiety during the sun set and when the night falls.”*

4.4.3. Summary

Interviewed elders experienced emotional or psychological abuse, physical abuse, financial abuse or material exploitation, and neglect. None of the participants faced the problem of sexual abuse. Profiles of perpetrators of abuse were diversified in terms of gender, age, educational level, religion, occupation, economic background, marital status, area of residence, living arrangement, relation with abused elders, and personal behaviors. The common perpetrators of abuse were neighbours, children, other relatives, and in-laws. Elder abuse occurred in the home, village, taverns, market place, in the neighbourhood, homestead, and work place.

Emotional abuse by perpetrators caused elders to feel sadness, anger, shame, fear, and anxiety. Elders were insulted, yelled at, bullied, verbally or non-verbally threatened, disrespected, undermined, and humiliated. They were afraid to express their feelings and needs to their support providers, to talk to them, to request food and drinks, to make comments, to ask for help, and to get financial and material support.

Physical abuse experienced by elders appeared in the form of beating, pushing against the wall, dragging on the ground, scratching slapping, twisting, grabbing, attempting to murder and poisoning. The perpetrators used sticks, stones, shoes, hands, nails, teeth, and feet to beat elders and they hurt their hands, face, head, hands, arms, abdomen, back, and legs.

Characteristic features of financial abuse were: stealing, cheating, denial of money, transfer of ownership rights through deception, concealment, misuse of

properties, and refusal of borrowers to return money and material, land grabbing, dishonesty of sharecroppers to cultivate elders' land properly and to share crops with elders fairly, sabotage of business activities, and exploitation of labour. Elder neglect manifested deprivation of food and clothing, poor living space and sanitation, medical neglect, and emotional neglect, loneliness, and abandonment.

4.5. Experiencing Problems of Elder Abuse

This section presents problems of abuse experienced by the Ethiopian elders I interviewed. Abuse elders experienced deterioration of their health and physical conditions, social, psychological, and financial problems.

Older adults faced problems of malnutrition, poor hygiene, and lack of medical treatment that diminished their health status. Many elders had no medical follow-up to reduce the severity of diseases and health problems such as hypertension, hip fracture, heart attack, utrial prolax (cervical problem), frequent nightmares, depression, asthma, epilepsy, continuous tearing of an eye, kidney problems, rheumatism, and dental problems (see *Table 7*). Elders complained about constipation, cracking of skin, headaches, common cold, sleeplessness, and sleepiness during the day. Jemberu stated, *“I do not have enough sleep. I immersed in remembering my life journey lying over my wooden bed. The day and the night were too long.”*

Abused elders described weakening of their physical strength and dexterity to walk and to do other activities. Girma expressed how malnutrition diminished his physical endurance, *“I became physically weak and my appetite was getting low. I could not move my hands and feet properly. I got tired to the extent of failure to open my eyes.”* Elders faced physical injury, body scratches, bruises, welts, and wounds.

Hedja's granddaughter twisted her left arm and so she became heavily dependent on her right hand to do jobs. Senayit's feet were wounded and her toenails removed by jiggers which prevented her from walking properly. There were often occasions in which elders with physical disability, AIDS patients, and those who had workloads fell on the ground due to lack of proper care and support.

Abused elders lost their respect, power, and influence among family members, relatives, neighbours, friends, and community members. Girma reflected, *"I lost my dignity and consider myself as a dead person."* The networks of elders shrunk and they were not given due attention. Abused elders remained unnoticed and isolated, and developed fear, suspicion, and hatred among them. Abused elders tended to avoid or limit their involvement in family and community affairs because sometimes family and community members disregarded the interests and feelings of elders.

Participants of the study expressed various psychological distresses including shame, loneliness, fear, sadness, shyness, anger, desperation, distrust, anxiety, avoidance behavior, submissiveness, and hatred. Moreover, elders developed feelings of hopelessness, inferiority, low self-esteem, a tendency to self-neglect, non-assertiveness, lack of confidence, negative attitudes towards old age, and a tendency to contemplate death.

Elders reflected about problems they experienced that they attributed to abuse in different ways. Jemberu expressed that he was in a desperate situation, *"I was depressed and the future is dark."* Jemberu worried about his lonely life. As he explained, *"I was anxious that I may die in the absence of a person to shroud my dead body. My children and relatives would come to my house later to attend the funeral procession."* Dawud lost

his seven children and he was deeply touched by his loneliness. As he put it, “*We felt loneliness when our neighbours excluded us from social affairs in the neighbourhood.*”

Girma experienced abuse for 6 years and he encountered several problems.

Girma explained,

Old age is full of difficulties but death is inevitable and pleasing. I felt inferiority and considered myself as if better than deceased persons. I was not a human being. I was treated as a child (infantilization). I felt sad being impoverished, idle, and dependent due to poor health and lack of proper care and support. Formerly, I was a respected person in the village. Now the villagers did not invite me to join public gatherings because they did not consider me as a human being who deserved respect.

There was suicidal tendency among 6 (1 man and 5 women) abused elders, namely, Fikirte, Almaz, Lemlem, Senayit, Hedja, and Girma. These older adults considered death as part of the solution to their problems. They explained circumstances leading to suicidal tendency and the desire for death. The views of these abused elders are discussed below.

Fikirte lived with HIV/AIDS and experienced stigma and discrimination that instigated her to attempt suicide. Fortunately, the intervention of a certain nun saved her life. Fikirte narrated,

I faced stigma and discrimination by relatives, neighbours, friends, and community members. I decided to commit suicide. I asked boys to buy me malathion (it is poisonous pesticide) under the pretext of killing bugs and fleas. I hid the malathion under the bed. An old nun that I knew before came to my house. I asked the nun to stay with me for a couple of days. The nun was okay and provided me care and support while I was on a sick bed. She found the malathion when she cleaned the house. The nun recognized my real intention of buying the malathion. She was sad and warned me to refrain from committing suicide through poisoning. She broke the bottle filled with malathion and poured it down. The nun saved my life.

In 2012 Almaz, 85 and a blind nun, tried to hang herself on a rope while her granddaughter and grandson-in-law and neighbors left for Saturday market. Almaz was bored by her lifestyle, prompting the suicide attempt. She fixed the place to hang herself on the pillar erected at the centre of the hut. Almaz searched for a rope in the house but she could not find one. She felt angry about the failed suicide attempt. Yet, Almaz desired death. She said, *“Death was good. I wanted to die but I could not get it.”*

In 2006, Lemlem attempted to poison herself with malathion. She bought malathion from the shop but she feared to sip it seeking natural death. Lemlem made this reflection on old age and death: *“In the old age life was dark. Death was better. Life was meaningless without food and a caregiver. I was ready to welcome death even today.”*

Furthermore, Girma, Senayit and Hedja longed for death. Girma stated, *“I was abused and neglected by my son, daughter-in-law, and grandchildren. They did not want to see and talk to me. They wanted me to go elsewhere leaving my homestead where I lived for the last 77 years.”* Girma had no clear idea what to do in the future but he waited for the coming of death. Girma described, *“Where shall I go? I wanted to die here in my house. I wanted to die this night. Death was the best solution to the problems that I have experienced. Shall I hang myself with a rope? What shall I do? I wanted somebody to put a rope around my neck. God was not generous to give me death as a reward. I waited for His Greatness to take my life but still I was alive.”*

Senayit expressed her wish to die: *“I lost my caregiver and started to live in unbearable sufferings. I wish to die.”* Hedja sorrowfully described her feelings about

wanting to die. She remarked, “*Death is better than misery. Death is rebirth. I prayed for God to take my life soon.*”

Abused elders lost their financial or material assets, and they were denied their rights of ownership over their properties. Elders who engaged in petty trade (for example, Zewditu and Senayit) encountered financial bankruptcy due to the discouraging activities of neighbors such as agitating customers not to buy food, drinks, and cereals from persons with HIV/AIDS.

Tamiru expressed that his clothes were stolen by his son leaving him exposed to the cold. He felt shame and loss of dignity. Tamiru elaborated,

My son has stolen and sold my clothes. I could not protect my body from cold and blazing sun. It was shameful to enter into the holy-room of the church to attend religious ceremonies wearing patched and dirty clothes. I was assigned by priests to distribute the holy water to church attendants when I used to wear better and clean clothes. I quit attending religious processions residing in front of the holy-room, and distributing holy water because I did not feel comfortable providing such services wearing rags.

Summary

Abused elders experienced different problems that had far-reaching impacts on their social, economic, emotional and physical well-being. Some were subjected to live in such misery that they contemplated and even attempted suicide as a final solution to their problems.

4.6. Concerns of Abused Elders

Participants of the study explained their concerns related to the shortage of food and clothing, health and physical conditions, loneliness, improving their poor living conditions, and death.

4.6.1. Food and Clothing

The shortage of food, clothing, and money was a major concern of many abused elders. These problems are broadly explained in the preceding sections 4.1. and 4.4. The problems of food, clothing and money made the lives of older adults unsafe; and they are the daily agenda for elders. Elders tried to secure their daily bread through the support of family members, relatives, and neighbours, by engaging in income-generating activities, and through begging. The following reflections illustrated how food, clothing, and money were a major concern of abused elders. Dawud stated, *“I and my wife worried about problems of food and money to cover daily expenses.”* Likewise Fikirte noticed, *“Every day I bothered about getting food to ensure my existence.”*

Every day many elders (for example, Almaz, Girma, Medina, Senayit, and Hedja) worried about how to get food. They explained the challenges with getting food in different ways. Girma described, *“I suffered from hunger. Where could I get food? Who would serve me? People were greedy to share food.”* The 85 year old blind nun, Almaz put it, *“Before I became old, I used to eat quality food-milk, meat, and egg. Currently shortage of food became a challenge in my life.”* Medina mentioned, *“Most of the time I faced food problem. I am blind and sick to do different work to get income and buy enough foods.”* Senayit, 80, compared her previous and current living conditions in terms of the availability and scarcity of foods. Senayit explained, *“I served myself a variety of foods and drinks when I was living with nobilities. Currently I am affected by food shortage. My life is in the hands of generous people who stretched their hands to the needy like me.”*

4.6.2. Health and Physical Conditions

As indicated in Section 4.1., *Table 8* abused elders had different health and physical problems but the severity of the problems varied. Elders were concerned with their physical and health problems and wanted to solve these problems through better care and support. Senayit lived with her son-in-law and grandchild who were living with HIV/AIDS. She feared transmission of HIV/AIDS. Senayit's concerns were to protect herself from HIV/AIDS, and to save the life of her grandchild. Fikirte brought health issues to the forefront, remarking, *"As HIV/AIDS patient I worried about improving my living conditions."* Jemberu's major concern was *"to be healthy and strong and attend religious programs."* Yalew gave emphasis to enhancing his physical strength to do jobs and earn more income.

4.6.3. Loneliness

Abused elders, particularly childless elders and those whose children had died, were highly concerned with loneliness. Emebet, Fikirte, Lemlem, and Zewditu did not give birth to a child. They were deeply touched by their loneliness. During the interview sessions, they talked about loneliness. They felt sadness and cried during the interviews (Fikirte and Lemlem), and they questioned why God forbade them to bear children (Emebet and Zewditu). Zewditu expressed her worry, *"God did not bless me to give birth to a child. I worried about my loneliness. I had anxiety that being solitary and HIV/AIDS patient one day people might kill me. I intended to hire a housemaid to reduce my workload and overcome the problem of loneliness but I had no money to do these."*

Dawud had no living child; all seven of his children had died. He indicated, *"We (his wife and orphaned grandchild) were affected by loneliness. Loneliness was our major*

concern. We worried about our fate.” According to Dawud, loneliness was not merely a matter of the number of persons living in a house, rather it was a sense of mutualism, harmony, and unity among persons. This explanation is similar to Tamiru’s reflection, *“Although I was living with my wife I was alone.”* This saying implies that without peaceful relations and mutual concern, living together is meaningless. Tamiru’s wife had no affection for him. He wanted to divorce his wife (the abuser) and live in the church permanently praising God. Almaz also wanted to lead a monastic life in the nearby church. She had enough of living with her granddaughter and grandson-in-law.

In Dangila Town Administration and other places, some people who have no support providers and face a destitute life resided in the church and received alms from generous people. For these people, including elders, living in the church appeared to be an alternative to sustain their lives.

4.6.4. Improving Living Conditions

Zewdditu, Yalew, and Fikirte were eager to increase their incomes and improve their living conditions. Zewditu wanted to start sheep fattening, poultry sales, and expand her former business activities of saling foods and drinks. Yalew planned to quit his previous laborious jobs. He was interested in engaging in poultry, sheep fattening, growing of vegetables and fruits, and serving as a guard. Fikirte anticipated engaging in other business sectors besides trading on cereals. These elders needed initiation, land and initial capital to run their business projects in the future.

4.6.5. Death

Elders were discontented with their living conditions. They felt no bright future as far as improvement of their lives was concerned and thus they developed feelings of

hopelessness. They were not afraid of death but their concerns were to die in dignity and move onto life after death, wishing to enjoy a paradise. They had a tendency to welcome death rather than suffering from life-threatening situations. Abused elders forwarded reflections concerning death and related issues. Hedja remarked, *“I did not think about anything except death.”* Medina and Girma wanted to die peacefully and in dignity without facing worse problems. Jemberu described his concern: *“I wish God to take my soul to heaven after death.”*

4.6.6. Summary

The concerns of elders emanated from different forms of abuse that they have experienced. Concerns like having enough food and clothing, health and physical conditions and income are of paramount importance to the well-being of elders. Many elders were desperate. They had a pessimistic attitude about bettering the conditions of their lives, and they frequently contemplated death. Ultimately, elders recommended that the local government officials should understand problems of older adults and notify the highest government body to take actions. They urged the government to give enough attention to problems of abused elders and provide material and financial support.

4.7. Responses to Elder Abuse

This section describes the responses adopted by the study participants to cope with abuse. The list of identified responses includes: work and income generation; religious practices; medical treatment; tolerance; sharing feelings; cutting meals and property management; reporting to the police and local court; and others (self-defense, verbal attack, murmuring, crying, and taking precautions).

4.7.1. Work and Income Generation

The study participants perceived doing work and earning income as a sign of strength, and as therapeutic for combating stress. Fikirte indicated, *“I got relaxed when I stayed in the market doing my businesses. I enjoyed market days on Monday, Thursday and Saturday.”* Hedja and Bekelech were busy doing house chores and running small businesses that helped them to be active physically and mentally and to forget bad events for a while. Zewditu underlined, *“Work stimulated thinking to find out solutions to the problems.”*

Abused elders understood the impact of idleness in increasing their vulnerability to abuse. Girma was disengaged from previous occupations (waving and farming) that resulted in loss of income, and respect from family members and neighbors. However, doing work and earning an income did not guarantee avoidance of abuse.

Elders tried to have their own sources of income to reduce the burden of economic dependence and the risk of abuse. Some of them were engaged in petty-business activities such as selling local drinks, bread, cereals, green pepper, handicrafts, spinning cotton, collecting and selling firewood, and contracting land to the sharecroppers. Some elders could not work in income-generating activities because of physical disability, poor health, and physical conditions. These elders were economically dependent on other people.

Elders explained that the amount of income they earned was inadequate but it had meaningful implications in the response to abuse. Elders who earned incomes had some degree of economic freedom and, to some extent, reduced the influences of abusers. Bekelech felt satisfaction for making money from selling crafts and being able to cook

and serve food in her private house. Recently, Bekelech did not have to expect food from her daughter-in-law. She could cook and eat food in her house at any time.

4.7.2. Religious Practices

Elders considered religious activities as a response to abuse. Abused elders prayed, read religious books, fasted, and used holy water to drink (in the case of followers of Orthodox Christianity), to bathe their bodies, and to sprinkle their houses (in the case of followers of Orthodox Christianity). They gave alms to the needy and vowed to fast and present gifts to the church when their wishes were fulfilled. Elders prayed in the church, mosque, house, open field, and in religious congregations and expressed their wishes and grievances to God. They wished to get daily bread and clothes; health; kindness to cruel people; maintenance of peace in the family, neighbourhood, community, in Ethiopia and the world at large; friendly relationship; dying in dignity; remission of sins, and blessing of their souls after death.

Here are some cases reflecting the wishes of elders. In his golden time Jemberu had a large family consisting of his children, relatives, and housemaids, farmers, and shepherds. But these days Jemberu led a solitary life. No one kindled light and closed the door in time. Jemberu used only one room and one door. He blocked other rooms, doors and windows for security reasons. Jemberu prayed in the house in the morning and night in front of the icon of St. Mary hung over the wall. Jemberu mentioned, *“I prayed for St. Mary to die in dignity with the presence of persons in my house. When I felt frustration I prayed and sprayed my body and the house with the holy water. Praying is a source of mental satisfaction, and it gives relief from stress.”*

Tamiru experienced abuse at the hands of his wife. He read religious books, prayed and attended religious programs. Tamiru pointed out, *“These religious practices helped me to be emotionally stable, and reduced feeling of loneliness. I enjoyed myself delivering religious services in the church.”* Kebede, 93, remarked, *“Praying and reading religious books prevented stress and refreshed my mind.”*

Bekelech, a nun, emphasized the advantages of religious practices. She noticed, *“I was devoted to praying, fasting, and attending religious processions in the church, and preparing feasts in the name of saints. I prayed frequently day and night, and provided services to the church preparing bread, fetching water from the stream, and cleaning the compound. All these were blessing activities which helped me to forget bad things and develop a feeling of forgiveness.”* Bekelech valued her privacy and she always uttered this phrase in her praying, *“Do not bring me under the control of others.”*

Hedja coped with challenges through patience. She prayed for Allah daily as she put it, *“I asked Allah to give me patience and endurance to cope problems. Medina, a blind woman, prayed 5 times a day, and fasted on Monday and Thursday. In her pray Medina mentioned, “I am blind, patient, and helpless. The very existence of my life was solely dependent on Allah. Allah was my source of strength. I asked Allah to improve my health conditions, to provide me daily bread, improve my safety, and ensure peace.”* In his praying Yalew passed this message, *“I asked God to take my life before I encountered severe problems, and to change the situations for good.”*

Abused elders explained that they benefitted from doing different religious practices. Religion enhanced elders’ morality, religiousness, tolerance, spirituality, sense

of self-respect and worthiness, and it increased their strength to cope with challenges. Religious practices helped elders to reduce feelings of anxiety, depression, loneliness, and hopelessness. Religion created a feeling of happiness and mental satisfaction, and it created a feeling of condolence.

4.7.3. Medical Treatment

Attending to medical advice and treatment as a response to abuse was underutilized by abused elders. Elders opted for religious practices to remedy health problems. Although their health and physical conditions were poor, many of the abused elders rarely pursued medical advice and treatment from health workers. They did not follow up with medical treatment primarily due to financial problems, lack of attention from support providers to take them to health institutions, and lack of hope to be cured from sickness.

Indeed, few elders have undergone medical treatment or received advice from health practitioners and thus few found relief from their sicknesses. However, Zewditu and Fikirte adhered to anti-retroviral therapy (ART) as of 2006 and 2008, respectively, and they followed the advice of health professionals that assisted them to improve their health conditions and live longer.

Kebede could read religious books assisted by an eyeglass. He seriously followed up medical treatment and paid attention to advises of his son and other health workers. Kebede explained, *“My son was an ophthalmologist. He advised me to follow up medical prescriptions like taking tablets for hypertension in time, cleaning my eyes and using eye ointment regularly. I strictly considered medical advice that helped me to avoid blindness and reduce sufferings.”*

4.7.4. Tolerance

Elders recognized tolerance as a means to cope with abuse. They explained that showing tolerance for the abusers' behaviours to a certain limit was sometimes advantageous to change things from bad to good. Jemberu stated, *"Tolerating the abusers and using good words softened their (abusers') hearts and motivated them to be emotionally stable."*

Tolerance was helpful to avoid and manage conflicts. Guided by the Holy *Quran*, Dawud taught that developing mutual tolerance among friends and relatives was useful to live peacefully. He believes that human beings should compromise their differences because they gain nothing from conflicts. Dawud ardently opposed the use of violence, remarking, *"I expected that things will be changed sometime for better. I did not attempt to settle any abusive acts through violence. Violence increased tensions and disappointed God. I bothered about my life after death. I paid less attention to earthly life."* This statement implies that this informant was influenced by religious teachings, Dawud relied on tolerance and following peaceful means to settle conflicts.

The study participants mentioned different aspects of tolerance comprised of forgiveness, adherence of non-violent actions, silence (to a certain extent), and avoidance of conflicts before their occurrence, and choosing an appropriate time and place to react to the abusers. In addition, to avoid potential areas of conflict, they may entertain the interests of the abusers (depending on the situation), and divert the attention of the abusers by changing the topic of discussion. Yalew described his experience of forgiveness: *"I have experienced bad and good things that I had to forgive the abusers to please God."*

4.7.5. Share Feelings

Abused elders shared their feelings with their wives, mother, children, family members, siblings, in-laws, relatives, and friends. Elders expressed their complaints, grievances, interests, and the contexts and problems of abuse that they have experienced to these people who sometimes may be the abusers. By sharing their feelings some of abused elders got support, advice, relief from airing their feelings.

Yalew pointed out the importance of sharing feelings in order to open up discussions with family members, relatives, and neighbors. Yalew expounded, *“Discussion was good to get solutions to the problems. I got respite when I released my feelings or grievances to others.”* In such discussions the abusers and abused elders criticized each other and compromised on their differences to relax tensions, at least temporarily.

Abused elders referred their cases to neighbours and to *shimagles* (wise persons who serve as local mediators) to settle their conflicts with the abusers. Girma disclosed his grievances to the neighbours and to the *shimagles*. He informed them to advise his son and daughter-in-law (the abusers) to provide him support and pay respect. The abusers verbally welcomed advice of neighbours and the *shimagles*. However, practically there was no significant improvement in the treatment of Girma.

Girma commented on neighbours and the *shimagles* in handling issues of abuse: *“The neighbors and the shimagles did not try to criticize the abusers (Girma’s son and daughter-in-law) seriously. The shimagles advised me to keep silent until my daughter-in-law served me food, and to refrain from disgusting my son and daughter-in-law.”*

Tamiru wanted to settle conflicts with his wife with the intervention of their neighbours. Meanwhile the neighbours were partial in judgment. The neighbours could not come up with a possible solution. They sided with Tamiru's wife intentionally and identified him as an offender. Tamiru's son was invited by neighbours to brief them on the conflict between his parents. The son blindly suggested that his father (Tamiru) was the source of the problem and a troublemaker in the family. Tamiru was annoyed, and the problems remained unsolved due to the "conspiracy" organized by his wife, son, and neighbours.

Yalew was abused by his neighbours and settled conflicts with them through the intermediary roles played by his friends and neighbours. As a punishment, Emebet's niece was excluded by neighbours for abusing Emebet. Hedja instigated her relatives to advise her granddaughter to stop insulting, threatening, humiliating, beating, exploiting, and abandoning Hedja. The relatives advised the granddaughter but she continued to abuse Hedja.

There were conditions that discouraged abused elders from disclosing their feelings pertaining to abuse to other persons. Elders distrusted others and they did not expect change through sharing feelings. Furthermore, the geographical distance between elders and their children, relatives and friends with whom they wanted to share their feelings, and the disregard of the problems of abused elders prevented them from sharing their feelings. Here are a few reflections of elders related to circumstances that made them reluctant to disclose their feelings to other people.

Dawud reflected, *"I trust in God and told my grievances and secrets to Him through praying. I had no true friend to share my grievances and secrets. I preferred to*

keep secrets and grievances in my heart. No one would keep it intact. Sharing grievances to other people had no value.” Alima described the absence of true friends who are concerned with other people. Alima was reserved to share very sensitive issues with her daughter for the reason that, *“I kept quiet because when I told her my problems she felt sad and anger.”* Jemberu added, *“People commented on my problems but they did not try to solve them.”*

4.7.6. Cutting Meals and Property Management

In response to the shortage of food and financial abuse or material exploitation, elders adopted different coping strategies. Elders who faced an acute shortage of food reduced the amount of food they served in each meal, cut the number of meals, and bought the cheapest food (example *gibto*) regularly. Some of them begged for food and money on the streets, in the market, in the church, in the neighbourhood, and house to house. Sometimes elders visited mini restaurants and taverns to buy *injera*, bread, tea and *tella*. Although it was not always promising, in order to get food, clothes, and money elders asked help from family members, relatives, friends, neighbours, religious institutions, *iddirs*, *kebele* administration, and from the Association of People Living With HIV/AIDS (in the case of Fikirte and Zewditu who lived with HIV/AIDS).

Bekelech had an experience of begging when she faced acute shortage of food and money. She expressed,

I went to Dangila town and begged for food and money during market days (Monday, Thursday and Saturday) and religious holidays along the streets, in the market, church (people who came to pray gave food and money to the needy), house-to-house. I received foods (including left over foods), money, salt, onion, potato, mended dress and shirt from different people. In the harvest season my son, a sharecropper, gave me some amount of maize and teff, and I prepared and sold plates from grass to

subsidize income. However, I ran short of money to cover expenses. I covered my expenses with the money that I obtained through begging. Begging was shameful. What could I do when I felt hunger?

Senayit was dependent on begging to sustain her life. She explained, *“I was too tired to engage in income-generating activities. My life was dependent on alms given by people. Begging was the main source of food and money. However, food and money were not always available. I was afraid of begging but conditions forced me to do so.”* Tamiru also added, *“Unlike the past, I was not strong enough to look after cattle, and transport goods from and to the market to get money. The severity of the problems and mistreatment in the hands of my wife induced me to start begging to get bread.”*

Dawud noticed his experience of coping with the food shortage: *“We (his wife and orphaned grandson) reduced the amount of food we ate from each meal and cut the number of meals in a day. We eat today to spend tomorrow without food, and then served food after tomorrow. This is the way to live in the future.”*

Elders who experienced financial abuse or material exploitation took action to prevent further loss of resources. The responses taken by elders were saving money in the bank; housekeeping; putting money, financial documents, receipts and utensils in a safe place; paying taxes in person (tax for use of farmland); lending money or materials (if they had to lend) to trusted persons; and calculating the prices of items correctly.

Yalew learned from previous experience and started to receive payments from employers in return for doing work. Previously some employers reduced the amount of money they paid to Yalew. He asked these persons to pay him the exact amount but they

refused. Yalew did not accuse any of them because he considered it a waste of his productive time to follow up cases in the court. He let them keep the money, and he prayed for God to compensate him and bless his earnings.

4.7.7. Reports to the Police and Local Court

Among the 15 abused elders I interviewed, two persons took their cases to the police and to the court of the *kebele* administration. Tamiru reported to the police office that his son had stolen his clothes. Tamiru's son admitted the case and believed that hunger drove him to steal clothes so the police pardoned him. Tamiru did not get his clothes back; they were already sold by his son.

Dawud quarreled with his neighbour when she insulted and humiliated him repeatedly. He advised her to stop doing such abusive acts but she refused. Eventually Dawud appealed to and took the case to the court of the *kebele* administration. The judge strongly warned his neighbour to abstain from insulting him.

Most of abused elders were not accustomed to taking cases of abuse to the court because they were not aware of the legal proceedings to prosecute the defendant, it was time-consuming and expensive to follow up the processes to hear the verdict, and elders feared retaliation from the defendants. Fikirte was robbed, insulted and threatened by her neighbour but she did not appeal to the police or to the local court due to fear of retaliation as she said, "*I lived alone and no one protected me.*"

4.7.8. Other Responses

Elders employed other responses including self-defense, verbal attack, murmuring, crying, and taking precautions. Elders who encountered strikes by the perpetrators tried to protect themselves to reduce severe injury. But they could not inflict

counter physical attacks against the perpetrators because they were not strong. In this regard the cases of Hedja, Emebet and Tamiru are noticeable.

Hedja, 80, desperately wrestled against her granddaughter and did what she could to minimize further injury. Hedja elaborated,

My granddaughter nagged me and attempted to beat me frequently. In April 2012 at night she grabbed me while I slept on the floor. I was very tired working the whole day in the market and at home. My granddaughter twisted my left arm. I caught her hands and cried to protect myself from further injury. The neighbours heard my cry and arrived soon. They fastened my arm and punished my granddaughter verbally. It was a painful act.

Yalew counterattacked his abuser by beating him with a stick. Yalew stated,

I confronted my friend with a stick. It was a severe physical confrontation that I encountered in the old age. I concluded the fight in a win-win position. Perhaps the outcome might have been disastrous if I failed to defend myself. I did not forget this event. Finally, we could settle the dispute with the intervention of the mediators, and resumed our relations.

In some cases, elders verbally counterattacked their abusers when the latter showered insulting words. Elders expressed their opposition to the ideas or actions of the abusers through murmuring and influenced the abusers to change their mind. Yalew mentioned, *“In order to calm down tensions I warned and advised persons to refrain from their abusive behaviours and acts. Some of them accepted my advice and warnings to act smoothly. When things got intolerable I insulted those persons who insulted and humiliated me. They insulted me as a drunkard and I insulted them you are drunkards too.”*

Abused elders reacted through crying when they felt pain, hunger, thirst, anger, sorrow, loneliness, remembering their deceased children, relatives and friends, and

remembering bad events. When family members, relatives and neighbours heard elders crying they provided them support. Zewditu indicated, *“I cried loudly when I got hungry and thirsty to get support from neighbours. I was in a critical condition. They brought me food, soft drinks and tea for a couple of days that helped me to regain physical strength gradually.”* Tamiru, Emebet and Hedja cried while they were beaten by the abusers, and were rescued from severe physical attack when they managed to alert neighbours who then intervened.

Elders took the necessary precautions to avoid the reoccurrence of abuse. In this regard, Emebet pointed out, *“Following intensification of disputes I was suspicious that my niece has planned to kill me through poisoning. I became alert and refused to receive food and drinks from the niece.”* Bekelech took this precaution measure, she stated, *“I shortened the duration of stay in my son’s house because I knew from experience that as I stayed longer in the house I would face ongoing abuse. I came back home soon after the coffee ceremony or completing other duties. I did not feel comfortable spending more time with my son and daughter-in-law who had no respect for older adults.”*

4.7.9. Summary

Elders used different alternatives in response to emotional, physical, financial abuse or material exploitation, and neglect. These responses had economic, religious and spiritual, medical, and judicial aspects, and used a traditional system of conflict management. Abused elders did not employ these responses at an optimal level because of poor physical and health conditions, lack of knowledge, power, material and financial resources, and fear of retaliation by abusers. There was recurrence of problems of abuse among elders.

Chapter Five: Discussion

In line with its objectives this study described the phenomenon of elder abuse at Dangila Town Administration based on the information from older adults themselves who experienced abuse in the domestic setting. This study focused on conditions contributing to the risk of elder abuse, types and problems of abuse experienced by elders, and their responses.

5.1. Conditions Contributing to the Risk of Elder Abuse

This study uncovered a number of conditions contributing to the risk for elder abuse in the study area including poverty, old age, and physical and health problems. Elders had problems of visual impairment, fatigue, difficulty walking, blindness, hearing impairment, joint problems, and body shaking, hypertension, severe headache, hip fracture, and sleeping disorders. In addition, elders have problems of HIV/AIDS, heart attack, utrial prolax (cervical problems), frequent nightmares, depression, asthma, alcohol addiction, epilepsy, kidney problems, rheumatism, and lame feet that contributed to the occurrence of abuse by deteriorating the health and physical conditions of older adults.

Elders' disengagement from previous occupations, and behaviours of the abusers and abused elders, conflicts, death and burnout of support providers, geographical proximity of children and potential support providers had implications to the likelihood of abuse. Moreover, drunkenness, sexual impotency of elders, lack of openness, loneliness, large family size, illiteracy, and physical appearance of elders attributed to the risk for elder abuse. In certain conditions, physical disability, frailty, childlessness, HIV/AIDS, and extreme poverty may accentuate the risk for abuse.

There is connection among socioeconomic, health and physical conditions that contributed to the risk of elder abuse. For instance, poverty triggers hunger, shortage of food, inadequate shelter and clothing, deterioration of physical and health conditions, and decline of power and social status expose elders to abuse. A single risk factor may contribute to, or trigger, different forms of abuse. The family, relatives, and neighbours support elders. These segments of the population contribute to the occurrence of elder abuse, and perpetrate abuse themselves.

Some of the study findings related to conditions contributing to the risk of elder abuse are embodied in social exchange theory (Eckley et al., 1995; Salari, 2011), the socio-ecological model (Burnight & Mosqueda, 2011; Manstead & Hewstone, 1999), psychopathology theory (Eckley et al., 1995; Latha, 2008), and the situational/caregiver stress theory (Bergeron, 2001; McClennen, 2010).

Social exchange theory explains the issues of rewards, punishments, reciprocity, and dependence that influence the nature of relationships between persons (Eckley et al., 1995; Salari, 2011). The socio-ecological model considers the influence of age, economic factors, individual, family, and community characteristics on human behaviour (Burnight & Mosqueda, 2011; Manstead & Hewstone, 1999). Eckley and Vilakazi (1995), and Salari (2011) mention that financial constraints, inadequacy or nonexistence of health and social care facilities and services, and ageism are among the contributing factors to elder abuse.

Psychopathology theory stresses the dependency of elders on the caregivers or other persons with pathological behavioural problems or addiction to alcohol as risk factors for abuse (Eckley et al., 1995; Latha, 2008). According to the situational/

caregiver stress theory, overburdened, stressed, unmotivated and ill-prepared caregivers and family members may become ineffective caregivers and potentially abusers (Bergeron, 2001; McClennen, 2010; Kosberg et al., 1995; WHO, 2008).

In most cases with regard to conditions contributing to the risk for elder abuse, there is relationship between these theories and the findings of this study. However, there are also conditions (i.e., sexual impotency of elders, slack posture, lack of openness, childlessness) that paved the way to the risk for elder abuse that are not emphasized in these theories.

The National Association of Social Workers (2010) listed factors influencing caregiving that may be considered as factors contributing to the risk of elder abuse. These factors consist of the health condition and relationships of the caregivers and care recipients, and the relationships among the caregivers and family members, social networks, the availability of resources, and the number and geographical proximity of family members. Consistent with this study, the Ministry of Community Development and Sports (2004), and Voice of Midlife and Older Women (2009) reported that elders with chronic diseases and physical impairments are at greater risk of abuse. Ferreira (2005), Mba (2007), and Salari (2011) indicate that in Africa vulnerability to elder abuse is related to social and economic changes, poverty, changes in traditional norms of respect and care practices, and alcohol and drug abuse.

The occurrence of elder abuse in Africa is associated with poverty, disease, deterioration of family relationships, and the negative attitudes that society has towards older people, lack of access to or control over resources, health services, food, shelter, and social exclusion (Aged Family Uganda, 2008; Ajomale, 2007; Muzima & Matusse, 2003

Nhongo, 2006). These explanations are consistent with findings of this study discussed in the preceding paragraphs focus on conditions contributing to the risk of elder abuse. Likewise, the findings are consistent with other studies conducted in Ethiopia (Kifle, 2002; Mussie, 2006; Solomon, 2012). Kifle found that in the rural *kebele* of Goshwuha elders suffered from socioeconomic problems and a decline in their role and social status. Kifle identified conflicts of interest and competition over scarce resources, especially land as leading to abusive situations. He also noted the vulnerability of bed-ridden and helpless elders who had problems of physical impairment and dementia.

Mussie (2006) acknowledged the presence of elder neglect in Addis Ababa and described factors affecting the provision of social support to older people. Factors included the high cost of living, shortage of income, lack of goodwill to help elders, the death of younger adults from AIDS, lack of social security, the substitution of extended family structure for the nuclear family, and negative attitudes of the youth toward the aged. As Solomon (2012) suggested, risk factors for elder abuse include poverty, extreme aging, high physical deterioration, chronic illness, drug addiction, being widowed, a high degree of dependence on others, behaviors of the elderly and caregivers, and lack of legal protection. This study confirmed Solomon's (2012) findings.

Important findings of this study in relation to conditions contributing to the risk for elder abuse that are not identified or emphasized in previous works done in the Ethiopian context are: poverty, change of family values and relations, competition for resources, death or migration of support providers, disengagement from previous occupation, sexual impotency, and religious differences. Moreover, challenging others' (abusers) ideas, raising questions about property issues and privacy, physical

appearance and slack posture, and lack of openness in discussing concerns about abuse, neutrality or impartiality, geographic distance (absence of children and relatives in the vicinity) and living arrangement can be considered as important findings of this study. Disengagement from previous occupations and lack of dexterity and efficiency to do house chores and manage the house affected elders' productivity and income, and diminished their networks and reputation in the family and community.

People Living with HIV/AIDS (PLWHAs) are victims of stigma and discrimination. Elders tend to be vulnerable to abuse in two ways because of their age and living with HIV/AIDS. Sexual impotency led to one older man becoming victim of abuse at the hands of his wife. As he put it, "*...I had no sexual engagement with my wife since 2008... I believed that it was because of my sexual impotency that my wife hated and abused me.*" Religious differences strained the relations between an elder and her daughters. Sometimes, neutrality or impartiality in the conflict between individuals or groups may be a contributing factor to elder abuse.

5.2. Types of Abuse Experienced by Elders

Findings reveal that each elder experienced at least two types of abuse for 5 to 12 years including emotional or psychological abuse, physical abuse, financial abuse or material or labor exploitation, and neglect at the hands of the abusers. The abusers or perpetrators have diverse socioeconomic profiles, and some of them are support providers for abused elders. Children, neighbours, relatives, in-laws and grandchildren are the most common perpetrators of abuse. Abuse takes place at home, in the village, taverns, and marketplace, and in the neighbourhood, homestead, and workplace during both day and night.

All respondents experienced emotional or psychological abuse. Elders are insulted, yelled at, bullied, verbally or non-verbally threatened, disrespected, undermined, humiliated, infantilized and denied of rights and privacy even to express their feelings and needs for food and drinks. Elders felt sadness, anger, shame, fear, and anxiety due to the behaviours and actions of the abusers. The occurrence of emotional abuse was more likely than other forms of abuse because there were several factors initiating emotional abuse. In most cases physical abuse, financial abuse, and neglect were accompanied by emotional abuse.

There are situations in which elders encountered different forms of emotional abuse at the same time. Compared to other types of abuse, fewer elders (4 among 15 interviewed elders) experienced physical abuse. Forms of physical abuse included beating, pushing against the wall, dragging on the ground, scratching, slapping, twisting, grabbing, and attempting to murder through poisoning.

Practices of financial abuse were stealing, cheating, denial, maneuvering, concealment, damage, misuse and refusal to return property, land-grabbing, dishonesty, sabotage of business activities, and intentionally miscalculating prices of items bought or sold. Two elders faced labor exploitation when abusers underpaid them for doing work.

Elders experienced emotional neglect, food neglect, inadequate clothing, poor living space and sanitation, medical neglect, loneliness, and abandonment. Many elders could not get a variety of fresh food. Sometimes, elders were served poorly cooked, leftover and spoiled foods, and were not fed at mealtimes.

The study findings indicate that elders often do not receive proper care and support from support providers. Support providers do not regularly assist elders to

maintain their personal and environmental hygiene. For many elders bugs, lice, fleas, and jiggers are a constant nuisance. Many elders encounter emotional neglect and have weak ties with family members, relatives, friends, neighbours, and community members, and members of *mahiber* and *iqquib*. All of the elders felt loneliness. Childless, blind and frail elders and those who live with HIV/AIDS were most affected by loneliness. Elders were abandoned by their spouse, children, and grandchildren.

Types and practices of abuse experienced by elders in Dangila Town

Administration are consistent with the types and practices of abuse discussed in the literature (Bomba, 2006; Gorbien et al., 2005; Barnett, et al, 2011; Bonnie et al., 2002; Sengstock et al., 1986; Phillipson et al., 1995). Other authors (Bernatz et al., 2008; Fulmer, et al., 2008; Gupta et al., 2008; Ife, 2001; McClennen, 2010; Payne et al., 2005; Valentine et al., 1986) also described types and practices of elder abuse. However, the elders in this study did not encounter all of abusive practices mentioned in the literature.

Types of abuse experienced by elders in the study area have similarities with previous study findings recorded in other countries. In the US and Europe, elders were victims of different forms of abuse (emotional physical, financial abuse or material exploitation, sexual abuse, and neglect) and the abusers were children, family members, partners, and caregivers (Center for Research and Study on Ageing, 2004; McClennen, 2010; National Centre for Social Research, 2007).

In Africa elder abuse studies were conducted in Ghana, South Africa, Tanzania, and Kenya, focusing primarily on women. Mba (2007) reported that Ghanaian women were victims of various forms of abuse including battering, sexual assault, and abduction. In South Africa sexual abuse of elderly women by sons and grandsons, accusation of

witchcraft, marginalization, disrespect, and financial abuse were common (Ferreira & Lindgren, 2008). According to the UNFP (2002) report, in South Africa family members struck and killed elders to take their money and property.

From 2004 to 2009 in Tanzania 2,585 elderly women (that is 517 elderly women annually) were killed in eight regions related to witchcraft accusations (Help Age International, 2011). In Kenya elders were often denied access and control over their own resources, and suffered from physical assault, insults, threats and neglect (Olum, n.d). As one study indicates, 60% of older women in Kenya were deprived of food, warm clothes, medical treatment, and adequate shelter by their daughters-in-law (Nhongo, 2006).

Studies on older adults in some parts of Ethiopia indicated that elders have experienced emotional abuse, physical battering, financial abuse, abandonment and neglect, and the abusers were children, grandchildren, family members, relatives, neighbours, and the community (Kifle, 2002). Fasil (2010) pointed out that elders residing in Kaliti Institutional Elder Care Centre were disrespected by community members living nearby. In another setting, according to Help Age International-Ethiopia (2010) in addition to other forms of abuse, street elders experienced sexual abuse; and the abusers were youths, cohabitants of homeless elders, and unidentified people. In Dangila Town Administration study participants did not encounter or did not report sexual abuse.

The nature of physical abuse in Ghana, South Africa, and Tanzania seems harsher and full of violence (including homicide) than in Ethiopia. This study is different from previous studies conducted in Ethiopia in that it describes in detail and interprets the

contexts and practices of emotional abuse, physical abuse, financial abuse, and neglect experienced by elders.

Various forms of physical abuse experienced by elders in different countries are discussed in the literature. In Dangila Town Administration elders were beaten by perpetrators of abuse. Four elders (2 women and 2 men) experienced different forms of physical abuse including beating. In the land where elders have been venerated for centuries, the abuse of elders may seem odd and, indicates a breakdown in traditional cultural values and norms in the study area.

In the study area, particularly in the rural *kebeles*, wife beating was not a strange phenomenon. In contrast, an unexpected finding of this study was a wife physically abusing her husband by beating him frequently. In a patriarchal society like Ethiopia the conflict between couples typically results in wives as victims of physical abuse perpetrated by their spouses. This study revealed that both men and women can be victims of physical abuse at the hands of their spouses in later life.

Elders were not satisfied with the support that they received from different sources. Involvement of GOs, NGOs, community and faith-based organizations in supporting elders, and protecting them from abuse was infrequent in the study area. All these forms of abuse perpetrated on elders contravenes the UN Universal Declaration of Human Rights (Ife, 2001), the UN Principles for Older Persons (Age Concern England, 2001), and the Madrid Plan of Action on Ageing (UN, 2008a; United Nations Department of Economic and Social Affairs, 2011). They also indicate serious limitations in implementing the ten year (2006 – 2015) National Plan of Action in Ethiopia (MoLSA, 2006).

5.3. Problems Experienced by Abused Elders

Abuse affected the social, economic, physical and health conditions of interviewed elders. Many elders experienced harms including anger, fear, sadness, loneliness, inferiority, shame, humiliation, dissatisfaction with old age, pessimistic attitude, and feelings of helplessness. Many elders become hateful, suspicious, and self-negligent. Abuse reduces elders' involvement in family and community affairs, as well as their roles and statuses.

Elders lose respect, self-esteem, privacy, personal rights, self-confidence, financial and material assets, and the right to own, use, and manage their properties. Abuse limits elders' capacity to work and earn an income, and sometimes reduces them to dependency on others and begging. Elders suffer from hunger, cold, poor personal and environmental hygiene that deteriorates their physical strength and health conditions. Elders perceive old age as full of problems that makes life unpleasant and even intolerable. When conditions worsen, elders became inclined to suicide.

Findings related to problems experienced by abused elders are also consistent with the literature. Various authors (Bernatz et al., 2008; Bomba, 2006; Bonnie et al., 2002; Brozowski et al, 2005; Rabiner, et al., 2005; Reingarde et al., 2010; Sherman et al., 2008) have elaborated on the impact of elder abuse on victims. According to these sources, the type of problems experienced by abused elders include: loss of resources, malnutrition and dehydration, deterioration of health condition, feelings of loneliness, loss of self-esteem, injury and death, impoverishment, begging, anxiety, depression, hopelessness, and suicide. In addition, decline of power, anger, hatred, sleeping difficulties or nightmares, fear, concentration difficulties, shame, and feelings of guilt,

disengagement from daily activities, social isolation, loss of dignity, sadness, and feelings of helplessness may be outcomes experienced by abused elders.

Consistent with this study, Solomon (2012) identified emotional damage, anxiety, depression, mental illness, low self-esteem, physical damage, loss of property, chronic illness, and faster rate of the ageing process, ageism, social seclusion, and death as outcomes of elder abuse.

Adding to Solomon's (2012) findings this study presents details of various problems experienced by abused elders. Abuse causes elders to feel shame, humiliation, pessimistic attitude, hatred towards others, suspiciousness, and some become self-negligent. Elders lose respect and acceptance in the family and community. They lose privacy and personal rights that bring them under the influence of abusers. Abuse weakens the capacity of elders to work and produce an income to ensure economic self-reliance. As a final alternative, some elders choose begging as source of livelihood. Elders face hunger, cold, and poor personal and environmental hygiene. They develop negative perceptions of old age and resorted to suicidal attempts through hanging and poisoning.

5.4. Responses to Elder Abuse

Abused elders employed these strategies in response to different forms of abuse. They made themselves busy doing different activities, and they are engaged in income-generating activities: engaging in petty-trade, selling items such as bread, local beer, firewood, red pepper, malt, and handcrafts, and working as a daily labourer. Elders follow up medical treatment occasionally, and perform religious practices. They pray, read religious books, fast, and use holy water (in the case of followers of Orthodox Christianity) that helped them to enhance patience, morality, religiousness, tolerance,

mental satisfaction, condolence, and spirituality, and to reduce feelings of anxiety, depression, loneliness, and hopelessness.

Elders preferred non-violent means in response to abuse including developing tolerance, pacifying abusers, forgiveness, silence, conflict avoidance, choosing an appropriate time and place to react peacefully, staying out of areas of conflict, entertaining the interests of the abusers, sharing feelings, asking for help, and diverting the attention of the abusers by changing the topics leading to conflicts. To cope with food shortages elders skipped meals, reduced the amount of food they ate at each meal, bought the cheapest food, begged for food and money, and asked for help from different people.

In response to financial abuse or material exploitation elders used these mechanisms: saving money in the bank; improving housekeeping; putting money, financial documents, receipts and utensils in a safe place; paying taxes in person; lending money or materials to trusted persons; and auditing prices of items. Abused elders tried to settle conflicts with the abusers through discussion using traditional conflict resolution mechanisms. Only two elders referred their cases to the police or local court. Furthermore, abused elders used self-defense, verbal attacks, murmuring, crying, and taking precautions in response to abuse.

The types of responses used and levels of application varied among abused elders. Elders' capacity in the response to abuse was influenced by their physical and health conditions, lack of knowledge, power, material and financial resources, and fear of retaliation by abusers. Even with these strategies, many abused elders could not bring about significant changes in their situation, and the abusers do not refrain from committing abusive actions. Sometimes there is resumption of the problems of abuse.

This study identified several strategies in addition to those identified by Solomon (2012). The older adults' responses aimed to moderate the severity of emotional, physical, and financial abuse, and neglect. Some of the contexts contributing to the risk for elder abuse like death of support providers, sexual impotency of elders, childlessness, and physical appearance are difficult to address. However, the level of responses used by elders was not strong enough to permanently mitigate or prevent the contributing factors and eliminate abuse.

It is beyond the capacity of elders to address all of the issues associated with abuse. Elder abuse is not only the concern of abused elders. There is a wide gap in the involvement of different sectors in assisting elders in the areas of care and support, and responding to elder abuse. Thus the responses of abused elders could not bring about major changes in preventing elder abuse and improving their lives. Diversities in the nature and magnitude of abuse require responses at individual, family, community, and government levels. For example, there are issues that necessitate an elder- policy response from the government. Therefore, there should be an active engagement of different stakeholders (family, neighbours, relatives, community, religious institutions, community-based organizations, and government and non-government organizations) in supporting elders and strengthening the response to abuse.

5.5. Questions to be Considered in Future Research

The current study addressed the research questions based on views of elders experiencing abuse. Study findings identify additional research questions that should be raised in future research to incorporate views of caregivers, abusers, community members, leaders of community-based organizations, and experts working with older

adults to generate more data about the phenomenon of elder abuse using other qualitative research designs. The research questions may focus on how the agents (elders, caregivers, community members, organizations) help older adults and become responsive to the occurrence of elder abuse, and explain the types and practices of abuse prevailing in the study area. Interviewed elders explained problems they experienced from their points of view.

There is no data describing the effects of abuse on the caregivers, abusers, neighbours, family, and the community. In the future it is essential to investigate the effects of abuse on these agents. There is also limited information obtained from interviewed elders regarding the roles of agents in protecting elders and improving their living conditions.

5.6. Contributions of the Study to the Body of Knowledge

The research findings reported here come from original data obtained from elders who experienced different forms of abuse. The research findings offer valuable contributions to enhance our understanding of elder abuse in the Ethiopian context. Study participants shared their experiences that enlighten us about how life looks to an abused elder. Lived experiences of abused elders may retain readers' attention by sharing insights on elder abuse in Ethiopia. The underlined research questions and the data collected through in-depth interviews help to increase understanding of the risk of elder abuse, its types and effects of abuse, and the responses to abuse.

Information is scant on elder abuse in many countries of Africa including Ethiopia. This study adds value to the body of knowledge about elder abuse in the Ethiopian context. The study presents views of the respondents who experienced abuse,

and describes and interprets the data in detail to depict the phenomenon of elder abuse. Along with the works of Kifle (2006) and Solomon (2012), this study strongly confirms the existence of elder abuse in Ethiopia. It also gives research-based and persuasive answers to the people who are reluctant to accept the realities of the phenomenon of elder abuse in Ethiopia.

The research findings discussed in the preceding sections provide new knowledge in relation to conditions contributing to the risk of elder abuse, practices and problems of elder abuse, concerns of elders, and coping strategies used by elders to manage problems of abuse. Sometimes unexpected issues (slack posture, unattractive dressing style) contribute to the occurrence of abuse. This study revealed the major concerns of elders including inadequate food and clothing, health and physical conditions, lack of income, a pessimistic attitude, and contemplating death.

There is a relationship between the findings of this study, theories and literature that address the major concepts of elder abuse. The findings strengthen the theories and ideas that attempt to explain the risk factors for elder abuse, as well as the types and outcomes of abuse. Theories were helpful to frame the study and conceptualize the phenomenon of elder abuse. Findings of this study reveal that in spite of diverse backgrounds, elders can be victims of abuse, though the degree of vulnerability may vary, and they experienced several problems.

Chapter 6: Conclusions, Implications and Recommendations

This chapter presents conclusions, implications, limitations and recommendations of the study.

6.1. Conclusions

The research findings clear the shadows of doubt about the existence of elder abuse in Ethiopia. Owing to the culture that allows supporting and respecting elders some people argue that elder abuse is not a concern in Ethiopia. However, the continuity of these cultural values is challenged by socioeconomic dynamics that adversely influence the lives of older adults. On the basis of these findings, it is possible to infer that elder abuse is an emerging problem in Ethiopia that lacks attention. The experience of elder abuse in the land where older adults were respected and supported for centuries indicates a decline in the fabric of the society's cultural values and norms. Many elders are in a miserable condition, their existence is hand-to-mouth, and they encounter many problems including abuse.

In Ethiopia elder abuse research and interventions are very limited. This study is important to uncover the phenomenon of elder abuse that can be used as input to address the issue and set up systems in Ethiopia to detect and intervene in elder abuse. Similarly, in Africa there is little known about older adults; and there are gaps in elder abuse research and interventions. This is presumably due to inattention to the problem of elder abuse and its repercussions. By 2050 Africa will have 200 million people 60 and older (UNPF, 2011). Therefore, elderly issues including elder abuse should be a major concern of African countries; they have to be committed to take actions to change the lives of older adults and to protect them from abuse. As a concluding

remark, elder abuse must become a national agenda for Ethiopia. This is the time to react before escalation of the problem of elder abuse continues to imperil the well-being of Ethiopian elders.

6.2. Implications of the Study

Findings of the study have implications for future research, social work education, social work practice, and policy formulation. Each type of implication is described separately.

6.2.1. Implications for Future Research

This study indicates potential thematic areas for future research. In Ethiopia future studies on elder abuse should focus mainly on vulnerable older adults including elders with physical disabilities, chronically ill and bedridden patients, those in extreme poverty, living with HIV/AIDS, and who have no support providers. But it does not mean that other groups of older adults are not vulnerable to abuse. Research findings reveal that the caregivers are perpetrators of abuse. Thus, exploring the socioeconomic conditions of caregivers, their relations with care recipients (elders), and challenges they face in the course of providing care and support are needed to understand the contexts of elder abuse. Exploring socio-cultural settings that produce a change in normative behaviors and a shift in family values related to elder care and abuse, and intergenerational competition for resources and issues related to elder maltreatment are relevant areas of research.

Elder abuse takes place in different settings. Future studies should focus on elder abuse in institutional settings and social service centres. There is a need to better assess service delivery systems, rules and regulations to protect rights and privacy of

elders and their implementation, identify situations that contribute for the risk of elder abuse, nature of abuse, and strategies adopted to address the problems in the social service centres, institutional care centres, NGOs working in the area of elder care, and charity organizations.

Research also needs to be conducted on the affirmative actions taken by different governmental and non-governmental sectors, civic societies, community-based organizations, and voluntary groups to improve the well-being of elders and reduce their vulnerability to abuse. The research findings may serve as a baseline to frame affirmative actions for older adults, and to mainstream elderly issues at the multi-sectoral level in Ethiopia.

Conducting a cross-cultural study and involving study participants from diversified socioeconomic backgrounds and developing a comprehensive definition of elder abuse in the Ethiopian context is another direction for future research. This may help to increase understanding of the phenomenon of elder abuse in-depth and to develop a culturally competent and indigenous model for social work practice with elders and to manage abuse. Participatory action research that involves communities is also recommended to develop feasible strategies to prevent elder abuse.

Less is known about the nature, extent, the national incidence and prevalence rates of elder abuse in Ethiopia. Therefore, there is a need to conduct a national survey to understand the magnitude of the problem. Future studies are expected to consider perspectives of caregivers, family members and community members on elder abuse in relation to situations leading to abuse, types, effects and mechanisms to manage the problems; opportunities and challenges to provide proper care and support to older

adults, and ways to overcome abuse. Elder abuse has multidisciplinary aspects that invite different professionals to undertake research to understand the problem in-depth and come up with possible recommendations.

6.2.2. Implication for Social Work Education

Findings of the study have several implications for social work education. Social workers can assist efforts to address problems of vulnerable groups like older adults. Social workers are expected to have knowledge and skills to work with older adults and provide effective services through research, practice and policy formulation.

This study implies the need to incorporate gerontological issues in the BSW and MSW courses focusing on age-related changes, elder care (family, community and institutional care), problems facing older adults, elder abuse (causes, types, symptoms of different types of abuse, impacts of abuse, prevention strategies, assessment of abused elders and the abusers), social protection, gerontological social work practice, international conventions (for example, UN Principles for Older Adults, the Madrid International Plan of Action on Ageing) and profiles of Ethiopian elders. Elderly issues can be integrated in the curriculum that help primary and secondary school students to know about the conditions of Ethiopian elders and their roles in the community, and values of providing care and respect for elders.

Older adults face health problems that can be handled by professionals in geriatric nursing and geriatric medicine. Geriatric nursing and geriatric medicine are potential fields of study that need to be launched in Ethiopia. In the meantime it may

be helpful to offer integrated courses that embrace gerontological issues for health professionals that give them insights about older adults.

In line with the Madrid International Plan of Action on Aging (2002), the International Federation of Social Workers (IFSW) adopted the International Policy on Ageing and Older Persons in 2009. The IFSW policy statement considers expansion of gerontological education and training programs to create trained human resources to provide quality services to older adults. Social workers working in elder care, health care and mental health, social service providers, health professionals, and paraprofessionals need to have trainings on aging. The IFSW suggests the need to include aspects of gerontology, health social work, human development, diversity within the older population, ethnic, gender and health in the context of older adults, social environment issues, welfare, and health care programs in the curriculum content, all to enhance the knowledge and skills of social workers in the field of aging (Hokenstad & Roberts, 2011).

6.2.3. Implications for Social Work Practice

The research findings inform GOs and NGOs and community-based organizations working with older adults regarding the need for social work practice. Many intervention activities can be developed to improve the living conditions of older adults and to prevent elder abuse. The findings may influence the family and the community to question their role and the quality of support they provide to elders and to improve their well-being. The family and the community are the ideal and most influential forces to implement various elder abuse prevention strategies, and to

achieve major changes in the lives of older adults in collaboration with other stakeholders.

In relation to this, social workers can play a vital role in raising community awareness of elder abuse (emphasizing causes, nature, types, impacts, and responses to elder abuse); on the rights of older adults; roles of the family, community, and the role of caregivers in supporting older adults and prevention of elder abuse. Social workers can take part in advocacy services and training programs pertaining to problems of elderly people; and they can lead and co-ordinate elder abuse prevention endeavors. The IFSW gives attentions to the roles of social workers in providing support to family caregivers, promoting elders' well-being and their contributions to society, participation in decision-making, and advocating for human rights for older people to prevent abuse (Hokenstad & Roberts, 2011).

Social workers can play a facilitating role to formulate elder abuse prevention policy, protect the rights of older people; and mobilize potential forces to challenge elder abuse. Furthermore, social workers can encourage family and community care of elders, render counseling service to elders, the family, and community members to improve the well-being of older adults. Social workers have the capacity to influence gerontological social work practices by organizing training programs, through research, monitoring and evaluation. In Ethiopia there are major gaps in the implementation of the ten year (2006 - 2015) National Plan of Action for Aging. Social workers can provide leadership as active participants to revitalize and implement the plan for change.

6.2.4. Policy Implications

Ethiopia adopted developmental and social welfare policy for elderly people in 1996 (MoLSA, 1996). Meanwhile, the ten- year (2006 - 2015) National Plan of Action to implement this developmental social welfare policy was introduced a decade later (MoLSA, 2006). These documents raised several relevant points to address problems of elderly people. Yet there are major gaps that should be addressed. In my opinion, in the policy document the issue of elder abuse is mentioned as a problem but it is not emphasized and preventive strategies are not broadly explained in the plan. Policy formulation, adopting international conventions, and planning are crucial steps and means, but they are not an end by themselves unless they are enacted to improve the living conditions of older adults.

The issue of providing social welfare to elderly people needs detailed explanation. In Ethiopia, providing care and support is largely left to the family. The community, community-based organizations, associations, and NGOs are to some extent involved in supporting elders. It may be beyond the capacity of these stakeholders to sustain elderly people permanently due to lack of resources. Therefore, this study calls policy makers and the government to be concerned with how Ethiopian elders (those who do not have pension payment and highly impoverished elders) can be beneficiaries of social welfare. Detailed strategies for elder abuse prevention should be adopted. The issue of elder abuse requires separate legal frameworks to make different stakeholders more responsible and accountable. The IFSW emphasizes active participation of older adults in developing and implementing programs, policies and strategies that have implications to their well-being (Hokenstad & Roberts, 2011).

6.3. Limitations of the Study

Although this study addressed the objectives of the study and the research questions, it has a few limitations. The entire data were collected relying on views of elders experiencing abuse. Views of abused elders were not crosschecked taking others' ideas into consideration.

In spite of certain limitations phenomenological study is, however, suitable to describe and understand the phenomenon. These study results do not allow drawing generalizations. This is because of the small sample size, and participants being selected purposively, thus they do not represent the entire elderly population who experience abuse. In fact, drawing generalizations on the lived experiences of abused elders was not part of the research objectives of this study. Rather, it focused on describing and understanding the phenomenon of elder abuse based on the lived experiences of abused elders in Dangila Town Administration. In addition, this qualitative study does not document the magnitude of the problem of elder abuse. Meanwhile, this does not compromise the credibility of the data. In order to capture the lived experiences of study participants attempts have been made to encourage them to describe their experiences broadly and frankly.

6.4. Recommendations

Prevention of abuse, protection, care and support of elders requires engagement of the family, community, the government, NGOs, the private sector and other agencies in various intervention activities. These stakeholders need to support vulnerable, abused and impoverished elders to meet their pressing needs for food, clothing, shelter, money, and health services. The family, neighbours and community members can minimize the risks

for abuse and its consequences by providing emotional and labour support to elders, improving elders' safety and sanitation, visiting and advising elders, and holding open discussions on problems facing elders.

These agencies should restrain the abusers from their abusive actions, and expand social networks of elders in villages and neighbourhoods. Elders and the community should not accept elder abuse as a normal part of life. The public must denounce elder abuse, promote respect for elders, respect the rights of elders and treat them fairly. Elders are advised to settle conflicts with the caregivers or other people peacefully, and use different alternatives to manage problems.

Building the economic capacity, knowledge and skills of the caregivers and family members about how to care for and support elders and manage their problems. Providing caregivers and family members incentives and emotional support will help to enhance the quality of elder care and to reduce occurrence of abuse. It is important to strengthen the efforts of community-based organizations such as *iddirs*, and religious institutions through technical and material support to integrate community-based elder care. An inclusive social environment should be created for elders to increase their participation in social, economic, religious, family and community affairs. In addition, helping elders to be productive, to gain access to credit services, and creating job opportunities are important measures to mitigate poverty among older adults and to improve their well-being.

Education and dissemination of information on the predicament of Ethiopian elders is highly advised. Public awareness of elder abuse and its consequences, the rights of older people, and the roles and responsibilities of stakeholders must be raised. Elderly

issues are the concern of the Ministry of Labor and Social Affairs (MoLSA). Therefore, in collaboration with various stakeholders, MoLSA should take the lead to influence the government to bring better life for elders. Through its structures at the regional, zonal and *woreda* levels, MOLSA has the capacity to mobilize stakeholders to address elderly issues.

Radio, television, newspapers, the websites, magazine, brochures leaflets, billboards, brochures and reports, panel discussions or conferences, community conversation programs, travel programs, and celebrating Senior Citizens' Day, the World Elder Abuse Awareness Day are helpful to draw attention of the public, government officials, and global actors about the predicaments of elders in Ethiopia to sensitize problems of older adults, to teach the public about the rights of elders and the need to provide community care. Establishing links with experts in aging, higher education institutions, and research centres is recommended to build up services for elders, and to develop policies and strategies to protect elders and challenge abuse.

In Ethiopia, mobilization of existing resources, co-operation and co-ordination among the family, community members, community-based organizations, religious institutions, associations, NGOs and GOs must be attained to prevent abuse and enable elders to enjoy life. A tradition of planning, implementation, monitoring and evaluation of activities needs to be widely adopted by the actors. Supporting elders and responding to elder abuse should not be a seasonal campaign. Rather stakeholders should be committed to addressing problems of older adults in a sustainable way.

The Federal Government of Ethiopia and the Ministry of Labour and Social Affairs should understand that elder abuse as a broad issue that needs separate legal

frameworks, policy, strategies, code of conduct, and procedures in response to abuse. Government agencies must incorporate the need to report cases of elder abuse in the legal frameworks, provide free legal services for abused elders, and introduce a social security system (non-contributory pension) at least for the most vulnerable and poor elders. Taking affirmative action and mainstreaming elderly issues in different sectors are imperative to make elders beneficiaries of social services, and to strengthen efforts towards addressing problems of elders.

Hokenstad and Roberts (2011) indicated that globally only 20 percent of older adults receive pensions. However, for most pensioners the money is inadequate to cover expenses to fulfil their basic needs. To address this problem the International Federation of Social Workers (IFSW) recommends entitlement of old age pensions for older adults who are working in formal and informal sectors to guarantee their economic security.

In this regard, Ethiopia can learn for instance from the experiences of South Africa. The Republic of South Africa is taking different policy measures and practical intervention activities to realize the well-being of older adults. Positive socio-economic changes have been observed among South African elders after the introduction of non-contributory social old age grant (Ferreira et al., 2008).

In South Africa several provisions were introduced to address problems of abused elders including: Domestic Violence Act 116 of 1998, the Employment Equity Act 55 of 1998, the Housing Development Schemes for Retired Persons Act 65 of 1988 (amended in 1991), the Rental Housing Act 50 of 1999, the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000, and the Promotion of Administrative Justice Act 3 of 2000, and the Act of 2003. Among its objectives the Older Persons Bill targets

protection for all older persons against several types of abuse and neglect, and violation of their rights; building the capacity of older adults and their families to support themselves; and providing home-based care services to frail and homebound individuals (Ferreira et al., 2008).

For example, the Domestic Violence Act 116 of 1998 obliges removal of the perpetrator and the victim from an abusive situation by law, and reporting of suspected abuser and the victim. The Older Persons Bill has the mandate to supervise implementation of the establishment, registration, monitoring and evaluation of services delivered to elders, and the standard of training and registration of caregivers (Ferreira et al., 2008).

In South Africa there are many actors that are engaged in elder care, protection of rights of older persons, prevention of elder abuse and other intervention activities. These actors are GOs, NGOs, community-based organizations, and voluntary groups. Some of the actors include the South African Council for the Aged, now Age-in-Action, Action on Elder Abuse South Africa (AEASA), the South African Chapter of the International Network for the Prevention of Elder Abuse (INPEA), Association of Retired Persons & Pensioners, the Citizens Advice Bureau, Concerned Friends of the Frail and Aged (CFFA), and the South African Older Persons Charter (Ferreira et al., 2008).

AEASA is in charge of addressing and preventing elder abuse, helping victims and their families through legal and rehabilitative services, lobbying, networking and promoting collaboration between different sectors. AEASA is concerned with resolving family violence, providing training on elder abuse, preparing and distributing materials to create public awareness on elder abuse. One of the programs of AEASA is the Halt Elder

Abuse Line (HEAL). HEAL is toll free helpline that provides service of prevention, early detection and intervention. HEAL supports traumatized and abused elders, provides free legal services and advice to the victims, trains counselors and volunteers, refers and follows up with perpetrators and victims (Ferreira et al., 2008).

There is a need to establish a strong and well-structured national umbrella organization for older adults that will serve as a representative voice for Ethiopian elders. This organization can play a leading role to lobby for the needs and rights of elders. The organization has to establish partnerships with different organizations in Ethiopia as well as outside to get support and achieve its objectives. Organizing a committee among community members and elders at the village level in charge of supervising conditions of elderly people is crucial.

It is advantageous to adapt best gerontological social work practices that fit the Ethiopian context. At the same time we have to appreciate and think about indigenous models, and existing infrastructures that can be used in gerontological social work in the areas of care and support to older adults, prevention of abuse, and mobilization of resources to alleviate the problems of elders in Ethiopia. As part of elder abuse preventive strategies, much work has to be done to maintain existing cultural norms and values of respecting and supporting elderly people, strengthening family relationships and intergenerational solidarity, sense of belongingness, and social responsibility.

Something that is considered a minor issue may have far-reaching adverse consequences in the society. Therefore, before the magnitude of the problem of elder abuse reaches its zenith we should recognize elder abuse as a pressing problem in Ethiopia and start taking collective action instantly.

References

- Adams, C., & Manen, M.V. (2008). Phenomenology. In L.M. Given (Ed.), *Sage encyclopedia of qualitative research methods*, Vol. 1 &2, (pp. 614 - 619). Thousand Oaks, CA: Sage.
- Aged Family Uganda. (2008). *Case study on the older persons of Uganda*. Kampala: Author.
- Age Concern England. (2009). *Older people and human rights research and mapping report*. London: Age Concern England.
- Ajomale, O. (2007). Country report: Ageing in Nigeria, current state, social and economic implications. *African Gerontological Society, Ages International*, Nigeria.
- Ajjawi, R., & Higgs, J. (2007). Using hermeneutic phenomenology to investigate how experienced practitioners learn to communicate clinical reasoning. *The Qualitative Report*, 12(4), 612-638.
- Alston, M., & Bowles, W. (2003). *Research for social workers: An introduction to methods* (2nd ed.). Canberra: Allen & Unwin.
- Assefa Balher. (2010). Profile of older persons in Ethiopia, in *Inter-generational challenges in Ethiopia: Understanding family, children and the elderly; Proceedings of the sixth annual conference of the Ethiopian Society of Sociologists, Social Workers and Anthropologists 14 and 15 December 2007*, pp.41-52, Addis Ababa, Ethiopia.
- Barnett, O. W., Miller-Perrin, C.L., & Perrin, R. D. (2011). *Family violence across the life span* (3rd ed.). Los Angeles: Sage.

- Barsky, A.E. (2010). *Ethics and values in social work: An integrated approach for a comprehensive curriculum*. Oxford: Oxford University Press.
- Batistich, C. (2004). *Breaking the silence: A critical analysis of integrating a community level intervention model within a domestic violence public awareness campaign in New Zealand*. Unpublished MA thesis. Auckland University of Technology: New Zealand.
- Bawadi, H. (2009). *Migrant Arab Muslim women's experiences of childbirth in the UK*. Unpublished doctoral dissertation. De Montfort University, Leicester.
- Benner, P. (2008). Interpretive phenomenology. In L.M. Given (Ed.), *Sage encyclopedia of qualitative research methods*, Vol. 1 & 2, (pp. 461-464). Thousand Oaks, CA: Sage.
- Bergeron, L.R. (2001). An elder abuse case study. *Journal of Gerontological Social Work*, 34 (4), 47- 63.
- Bernatz, S.I. & Evans, T. (2008). Financial abuse. In E.A. Capezuti, E.L. Siegler & M.D. Mezey (Eds.), *The encyclopedia of elder care: The comprehensive resource on geriatric and social care*, (pp. 309-311). New York: Springer.
- Biegel, D.E. (2006). Caregiving (Informal). In R. Schulz (Ed.), *The encyclopedia of aging: a comprehensive resource in gerontology and geriatrics* (4th ed.), (pp. 170-175). New York: Springer.
- Bloor, M., & Wood, F. (2006). *Keywords in qualitative methods: A vocabulary of research concepts*. London: Sage.
- Bomba, P.A. (2006). Use of a single page elder abuse assessment and management tool. *Journal of Gerontological Social Work*, 46(3), 103-122.

- Bonnie, R. J. & Wallace, R. B. (2002). *Elder mistreatment: Abuse, neglect, and exploitation in an aging America*. Washington: National Academies Press.
- Brophy, P. (2009). *Narrative-based practice*. London: Ashgate.
- Brownell, P. (2002). Elder abuse and gerontological social work. In A.R. Roberts (Ed.), *Handbook of domestic violence intervention strategies: Policies, programs, and legal remedies*, (pp.483-499). Oxford: Oxford University Press.
- Brozowski, K., & Hall, D.R. (2005). Growing old in a risk society: Elder abuse in Canada. *Journal of Elder Abuse & Neglect*, 16 (3), 65-81.
- Burgess, R.G. (2005). The unstructured interview as a conversation. In R. G. Burgess (Ed.). *Field research: A sourcebook and field manual*, 164-169. London: Routledge.
- Burnight, K. & Mosqueda, L. (May 2011). Theoretical model development in elder mistreatment. (a research report submitted to the U.S. Department of Justice). The Regents of the University of California, UC, Irvine, School of Medicine, Program in Geriatrics.
- Buzgová, R., & Ivanová, K. (2009). Elder abuse and mistreatment in residential settings. *Nursing Ethics*, 16 (1), 110-126.
- Cassie, K.Mc.C., & Sanders, S. (2008). Familial caregivers of older adults. *Journal of Gerontological Social Work*, 50 (3), 293 -320.
- Centre for Research and Study on Ageing. (2004). *The national survey on elder abuse and neglect in Israel*. Israel: University of Haifa.
- Choi, N.G., & Mayer, J. (2000). Elder abuse, neglect and exploitation. *Journal of Gerontological Social Work*, 33(2), 5-25.

- Chokkanathan, S., & Lee, A.E.Y. (2006). Elder mistreatment in urban India: A community based study. *Journal of Elder Abuse & Neglect*, 17(2), 45-61.
- Cook, K.S. & Rice, E. (2003). Social exchange theory. In J. Delamater (Ed.), *Handbook of Social Psychology*, (pp.53-55).New York: Kluwer Academic/Plenum Publishers.
- Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J.W. (2007). *Qualitative inquiry & research design: Choosing among the five approaches*. (2nd ed.). London: Sage.
- Creswell, J.W., Hanson, W.E., Clark, P.V.L., & Morales, A. (2007). Qualitative research designs: Selection and implementation, *The Counseling Psychologist*, 35(2), 236-254.
- Cropanzano, R. & Mitchell, M.S. (December 2005). Social exchange theory: An interdisciplinary review.*Journal of Management*, 31(6), 874-900.
- Dangila Town Administration 2013 statistical archive (unpublished)*. Dangila, Ethiopia.
- Dan Zahavi, D. (2003). *Husserus phenomenology*. Stanford: Stanford University.
- Darlington, Y., & Scott, D. (2002).*Qualitative research in practice: Stories from the field*. London: Allen & Unwin.
- Dattalo, P. (2008). *Determining sample size: Balancing power, precision, and practicality*. Oxford: Oxford University Press.
- Dawson, C. (2007). *A practical guide to research methods*. Begbroke: How to Books.
- Denscombe, M. (2007). *The good research guide: For small-scale social research projects* (3rd ed.). London: McGraw-Hill.

- Denzin, N. K., & Lincoln, Y. S. (2008). Introduction: The discipline and practice of qualitative research. In N.K. Denzin, & Y.S. Lincoln, *Strategies in qualitative inquiry* (3rd ed.). Los Angeles: Sage.
- Donmoyer, R. (2008). Paradigm. In L.M. Given (Ed.), *Sage encyclopedia of qualitative research methods*, Vol. 1 & 2, (pp. 591-595). Thousand Oaks, CA: Sage.
- Dudley, J. R. (2005). *Research methods for social work: Becoming consumers and producers of research*. Boston: Pearson.
- Eckley, S.C.A., & Vilakazi, P.A.C. (1995). Elder abuse in South Africa. *Elder abuse: International and cross-cultural perspectives*, (pp. 171-182). New York & London: Haworth Press.
- Fade, S. (2004). Using interpretative phenomenological analysis for public health nutrition and dietetic research: A practical guide, *Proceedings of the Nutrition Society*, 63, 647–653.
- Fasil Nigussie. (2010). *Exploring the effects of institutional care on the life of older persons: A case study on Kaliti Institutional Care Centre for the Elderly*. Unpublished M.A. thesis. Addis Ababa University: Addis Ababa.
- Federal Democratic Republic of Ethiopia, Federal Negarit Gazeta*. (21 August 1995). The Federal Democratic Republic of Ethiopia: Addis Ababa.
- Ferreira, M. (2005). Elder abuse in Africa: What policy and legal provisions are there to address the violence? *Journal of Elder Abuse & Neglect*, 16(2), 17-32.

- Ferreira, M. & Lindgren, P. (2008). 'Elder abuse and neglect in South Africa: A case of marginalization, disrespect, exploitation and violence', in *Journal of Elder Abuse & Neglect*, 20(2), 91-107.
- Finlay, L. (2012). Debating phenomenological research methods. In N. Friesen, C. Henriksson & T. Saevi. (Eds.), *Hermeneutic phenomenology in education: Method and practice*, (pp. 17-38). Rotterdam: Sense Publishers.
- Flick, U. (2002). *An introduction to qualitative research* (2nd ed.). London: Sage.
- Freeman, M. (2008). Hermeneutics. In L.M. Given (Ed.), *Sage encyclopedia of qualitative research methods*, Vol. 1 & 2, (pp. 385-388). Thousand Oaks, CA: Sage.
- Fulmer, T.T., Lemko, K., Paveza, G.J. & Brody, A.A. (2008). Elder neglect. In E.A. Capezuti, E.L. Siegler & M.D. Mezey (Eds.), *The encyclopedia of elder care: The comprehensive resource on geriatric and social care*, (pp. 261-263). New York: Springer.
- Gardner, D.S., & Zodikoff, B.D. (2003). Meeting the challenges of social work practice in health care and aging in the 21st century. In B. Berkman & L. Harootyan (Eds.), *Social Work and health care in an aging Society: Education, policy, practice, and research*, (pp. 377-392). New York: Springer.
- Getachew Negash. (2007). *The elderly and informal social support: The case of elderly in Lideta sub-city*. Addis Ababa University, School of Graduate Studies, School of Social Work, M.A. thesis, Addis Ababa.

- Giunta, N. (2010). Productive aging and social development. In J. Medley & A. Conley (Eds.), *Social work and social development: Theories and skills for developmental social work*, (pp. 55-70).Oxford: Oxford University Press.
- Given, L.M., & Saumure, K. (2008). Trustworthiness.In L.M. Given (Ed.), *Sage encyclopedia of qualitative research methods*, Vol. 1 & 2, (pp. 895-896). Thousand Oaks, CA: Sage.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597-607.
- Gorbien, M.J., & Eisenstein, A.R. (2005). Elder abuse and neglect: An overview. *Clinical Geriatric Medicine*, 21, 279-292.
- Gupta, R., & Chaudhuri, A. (2008). Elder abuse in a crosscultural context: Assessment, policy and practice, *Indian Journal of Gerontology Special Issue*, 22(3 & 4), 373 - 393.
- Halmi, A. (1996). The qualitative approach to social work: An epistemological basis, *International Social Work*, 39, 363-375.
- Halldorsdottir, S. (2000).The Vancouver School of doing phenomenology. In B. Fridlund & C. Haldingh (Eds.), *Qualitative research methods in the service of health*, (pp.46-81). Lund: Studentlitteratur.
- Hallisey, B.J. (2010). Abuse and neglect of older adults. In L.A. Hoff (Ed.), *Violence and abuse issues: Cross-cultural perspectives for health and social service*, (pp. 98 - 114).London: Routledge.

- Help Age International. (1996). *Methods of support for older people: Some experiences from other countries*. Workshop on older people, Nazareth, Rehabilitation Agency.
- Help Age International. (2001a). *Aging issues in Ethiopia*. Addis Ababa, Ethiopia: Author.
- Help Age International. (2001b). *Research and information on aging in Africa: An annotated bibliography*. London: Help Age International Africa Regional Development Centre.
- Help Age International. (April 2008). *Older people in Africa: A forgotten generation*. Brussels: Author.
- Help Age International. (2010). *The living condition and vulnerability of poor urban older people in Addis Ababa: Assessment report*. Addis Ababa, Ethiopia: Author.
- Help Age International. (2011). *Violence against older women: Tackling witchcraft accusations in Tanzania*. n.p.: Author.
- Help Age International–Africa Regional Development Centre. (September 2001). *Elderabuse in the health care services in Kenya*. Nairobi: Author.
- Help Age International-Ethiopia. (2010). *The living condition and vulnerability of poor urban older people in Addis Ababa: Assessment report*. Addis Ababa, Ethiopia: Author.
- Hokenstad, M.C.T Jr, & Roberts, A.R. (2011). International policy on ageing and older persons: Implications for social work practice. *International Social Work*, 54(3), 330–343.

- Howes, F. (June/June 2007). Social capital, support networks and black elderly persons. *Social Work/Maatskaplike Werk*, 43 (2), 176-190.
- Human Rights and Peace Centre.(2008). *Equal opportunity, age-based discrimination and the rights of elderly persons in Uganda*. Kampala: Author.
- Ife, J. (2001). *Human rights and social work: Towards a rights-based approach*. New York: Cambridge University Press.
- Jember Teffera (2007). Maximum benefit to old people through community based integrated holistic approach, in “*Cross-generational challenges: Children, the family, and the elderly*” (unpublished abstracts), The 6th Annual Conference of the Ethiopian Society of Sociologists, Social Workers, and Anthropologists (ESSWA), 14 & 15 December 2007, p.8., Addis Ababa, Ethiopia.
- Jensen, D. (2008). Credibility. In L.M. Given (Ed.), *Sage encyclopedia of qualitative research methods*, Vol. 1 & 2, (pp. 138-139.). Thousand Oaks, CA: Sage.
- Kalof, L., Dan, A., & Dietz, T. (2008). *Essentials of social research*. London: McGraw-Hill.
- Kassaye Tikuye. (2007). The family in Ethiopia: Roles, challenges and the way forward, in “*Cross-Generational Challenges: Children, the family, and the elderly*” (unpublished abstracts), The 6th Annual Conference of the Ethiopian Society of Sociologists, Social Workers, and Anthropologists (ESSWA), 14 & 15 December 2007, p.3., Addis Ababa, Ethiopia.

- Kaufman, A.V., Kosberg, J.I., Leeper, J. D., & Tang, M. (2010). Social support, caregiver burden, and life satisfaction in a sample of rural African American and white caregivers of older persons with dementia. *Journal of Gerontological Social Work*, 53(3), 251-269.
- Kifle Mengesha. (2002). *Old age and social change: An anthropological study of the lives of the elderly among the Amhara of Ensaro*. Unpublished M.A. thesis, Addis Ababa University, Addis Ababa.
- Kivela, S.L. (1995). Elder abuse in Finland. *Elder abuse: International and cross-cultural perspectives*, (pp. 31-44). New York & London: Haworth Press.
- Kosberg, J.I., & Garcia, J. L. (1995). Introduction to the book. *Elder abuse: International and cross-cultural perspectives*, (pp. 1-12). New York & London: Haworth Press.
- Krauss, S.E. (2005, December). Research paradigms and meaning making: A primer, *The Qualitative Report*, 10(4), 758-770.
- Lantz, M.S. (2006). Elder abuse and neglect. In R. Schulz., (Ed.), *The encyclopedia of aging: a comprehensive resource in gerontology and geriatrics* (4th ed.), (pp. 352-354). New York: Springer.
- Latha, K.S. (2008). Elder abuse and neglect: A review. *Indian Journal of Gerontology, Special Issue*, Sharma, K.L. & McDonald, L. (Eds.), 22 (3 & 4), 467-479.
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations, *International Journal of Qualitative Methods*, 2(3), 21-35.

- Lee, H., Song, R. & Shin, H. (2008). Caregiver burnout In E.A. Capezuti, E.L. Siegler & M.D. Mezey (Eds.), *The encyclopedia of elder care: The comprehensive resource on geriatric and social care*, (pp. 113-116). New York: Springer.
- Legard, R., Keegan, J., & Ward, K. (2003). Indepth interviews. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice: A guide for social science students and researchers*, (pp. 138-169). London: Sage.
- Lewis, J. (2003). Design issues. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice: A guide for social science students and researchers*, (pp. 47-76). London: Sage.
- Lymbery, M. (2005). *Social work with older people: Context, policy and practice*. Thousand Oaks, CA: Sage.
- Macionis, J.J. (1999). *Sociology* (7th ed.). New Jersey: Prentice Hall.
- Mack, N., Kathleen, C., Macqueen, M.K., Guest, G. & Namey, E. (2005). *Qualitative research methods: A data collector's field guide*. Research Triangle Park, North Carolina: Family Health International.
- Manstead, A.S.R. & Hewstone, M. (Eds.).(1999). *The Blackwell encyclopedia of social psychology*. Oxford: Blackwell Publishing.
- Marczyk, G., DeMatteo, D., & Festinger, D. (2005). *Essentials of research design and methodology*. Hoboken: John Wiley & Sons.
- Mays, N., & Pope, C. (2000). Qualitative research in health care: Assessing quality in qualitative research, *British Medical Journal*, 320, 50-52.
- Mba, C.J. (2007). Elder abuse in parts of Africa and the way forward. *Gerontechnology*, 6(4), 230-235.

- McCassie, K.C., & Sanders, S. (2008). Familial caregivers of older adults. *Journal of Gerontological Social Work*, 50 (3), 293 -320.
- McClennen, J.C. (2010). *Social work and family violence: Theories, assessment, and intervention*. New York: Springer.
- McInnis-Dittrich, K. (2009). *Social work with older adults: A biopsychosocial approach to assessment and intervention* (3rd ed.). Boston: Pearson.
- McManus, A.H.E. (September 2007). Interpretive hermeneutic phenomenology: Clarifying understanding, *Indo-Pacific Journal of Phenomenology*, 7(2), 1-12.
- Medhini Gebre-Giyorgis. (1998). *The magnitude and socio-economic, health and nutritional status of street elderly people in Addis Ababa*. Unpublished MA thesis. Addis Ababa University: Addis Ababa.
- Miller, R.L. & Brewer. J.D. (Eds.). (2003). *The A-Z of social research: A dictionary of key social science research concepts*. London: Sage.
- Ministry of Community Development and Sports. (March 2004) (2nd ed.). *Understanding elder abuse and neglect: Detecting and helping*. Singapore: Author.
- Ministry of Gender, Labour and Social Development. (2003). *Regional workshop on ageing and poverty, Uganda country position paper*. Kampala: Author.
- Ministry of Labour and Social Affairs. (MoLSA). (1996). *The Federal Democratic Republic of Ethiopia developmental social welfare policy*. Addis Ababa: Author.
- Ministry of Labour and Social Affairs. (MoLSA). (2006). *Collective educational materials regarding older persons*. Addis Ababa: Author.

- Montgomery, R.J.V., Rowe, J.M., & Karl Kosloski, A.K. (2007). Family caregiving. In J.A. Blackburn & C.N. Dulmus (Eds.), *Handbook of gerontology: Evidence-based approaches to theory, practice, and policy*, (pp. 426-454). Hoboken, N J: John Wiley & Sons.
- Morrow-Howell, N., & Sherraden, M. (2004). Productive principles and perspectives. In J. Hinterlong, N. Morrow-Howell & M. Sherraden (Eds.), *Productive aging: Concepts and challenges*, (pp.3-18). Baltimore & London: The Johns Hopkins University Press.
- Mouton, C.P., Larme, A.C., Alford, C.L., Talamantes, M.A., McCorkle, R.J. & Burge, S.K. (2006). Multiethnic perspectives on elder mistreatment. *Journal of Elder Abuse & Neglect*, 17(2), 21-44.
- Mussie Tizazu. (2006). *The consequences of HIV/AIDS in the traditional support networks of the elderly in Arada Sub-City, Addis Ababa*. Unpublished M.A. thesis. Addis Ababa University: Addis Ababa.
- Muzima, J.D., & Matusse, F. (December 2003). *Ageing and poverty in Mozambique*, a report presented at the regional workshop on Ageing and Poverty in Africa Dares Salaam, Tanzania, 29 - 31 October.
- National Association of Social Workers. (2010). *NASW standards for social work practice with family caregivers of older adults*. New York: Author.
- National Association of State Units on Aging. (March 2006). *Issue Brief: The National Center on Elder Abuse (NCEA)*. Washington, DC: Author.

- National Centre for Social Research (NCRC). (2007). *UK study of abuse and neglect of older people*. London:University of London, Kings College.
- Nhongo, T.M. (June 2006). *Age Discrimination in Africa*, a paper presented at the International Federation on Ageing Conference, Copenhagen 30th May – 2nd June 2006.
- Olum, G.H. (n.d.) *Report on status and implementation of national policy on ageing in Kenya prepared for United Nations Department of Economic and Social Affairs (UNDESA)*. Nairobi: Kenya.
- O’Leary, Z. (2004). *The essential guide to doing research*.London: Sage.
- Olum, n.d).
- Panerson, M.E., & Williams, D.R. (2002). *Collecting and analyzing qualitative data: Hermeneutic principles, methods, and case examples*. Champaign, IL: Sagamore.
- Pascal, J. (2010). Phenomenology as a research method for social work contexts: Understanding the lived experience of cancer survival, *Currents: New Scholarship in the Human Services*, 9 (2), 1-23.
- Pathfinder International. (May 2006). *Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input*. Watertown, USA, Author.
- Pavalko, E.K. (2011). Caregiving and the life course: Connecting the personal and the public. In R.A.Jr. Settersten & J.L. Angel (Eds.), *Handbook of sociology of aging*, (pp. 603-616). New York: Springer.

- Paveza, G.J., & Weerd, C.V. (2003). Elder mistreatment and the role of social work. In B. Berkman & L. Harootyan (Eds.). *Social work and health care in an aging society: Education, policy, practice, and research*, (pp. 245-268). New York: Springer.
- Payne, B.K., & Gainey, R.R. (2005). Differentiating self-neglect as a type of elder mistreatment: How do these cases compare to traditional types of elder mistreatment? *Journal of Elder Abuse & Neglect*, 17(1), 21-36.
- Phillipson, C., & Biggs, S. (1995). Elder abuse: A critical overview. In P. Kingston & P. Bridget (Eds.), *Family violence and the caring professions*, (pp.181 - 203). London: Macmillan.
- Picot, S.J.F., & Lee, J. (2008). Caregiver burden. In E.A. Capezuti, E.L. Siegler & M. D. Mezey (Eds.), *The encyclopedia of elder care: The comprehensive resource on geriatric and social care*, (pp. 110-113). New York: Springer.
- Podnieks, E., Penhale B., Goergen, T., Biggs, S., & Han, D. (January 2010). Elder mistreatment: An international narrative. *Journal of Elder Abuse & Neglect*, 22(1-2), 131-163.
- Polkinghorne, D.E. (2005). Language and meaning: Data collection in qualitative research, *Journal of Counseling Psychology*, 52 (2), 137–145.
- Protection & Advocacy Inc. (PAI). (August 2003). Abuse and neglect of adults with developmental disabilities: A public health priority for the state of California. California: Author.

- Rabiner, D.J.O' Keeffe, J., & Brown, D. (2005). A conceptual framework of financial exploitation of older persons. *Journal of Elder Abuse & Neglect*, 16(2), 53-73.
- Reingarde, J., & Tamutiene, I. (2010). *Prevalence study of violence and abuse against older women: Results of the Lithuanian survey (AVOW Project)*. Lithuania: Vytautas Magnus University.
- Ritchie, J. (2003). The applications of qualitative methods to social research. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice: A guide for social science students and researchers*, (pp. 24-46). London: Sage.
- Robbin, S.P., Chatterjee, P., & Canda, E. (2006). *Contemporary human behavior theory*. (6th ed.). Boston: Pearson.
- Ron, P. (2009). Daughters as caregivers of aging parents: The shattering myth. *Journal of Gerontological Social Work*, 52(2), 135-153.
- Salari, S. (2011). Elder mistreatment. In R.A.Jr. Settersten & J.L. Angel (Eds.), *Handbook of sociology of aging*, (pp. 415-430). New York: Springer.
- Sandelowski, M. (1995). Focus on qualitative methods sample size in qualitative research, *Research in Nursing & Health*, 18, 179-183.
- Scharlach, A.E., Kellam, R., Ong, N., Baskin, A., Goldstein, C., & Fox, P.J. (2006). Cultural attitudes and caregiver service use. *Journal of Gerontological Social Work*, 47(1), 133-156.
- Scott, K.W. & McCaslin, M.L. (September 2003). The five-question method for framing a qualitative research study, *The Qualitative Report*, 8(3) 447-461.

- Sengstock, M.C., & Barrett, S. (1986). Elderly victims of family abuse, neglect, and maltreatment. *Journal of Gerontological Social Work*, 9(3), 43-61.
- Sengstock, M.C., Barrett, S. & Graham, R. (1984). Abused elders. *Journal of Gerontological Social Work*, 8(1), 101-111.
- Setegn Ali. (2010). *Community based care systems of Awuramba towards older persons*. Unpublished M.A. thesis. Addis Ababa University: Addis Ababa.
- Sevenhuijsen, S. (2003). Principle, ethics and the ethic of care: Can they go together? *Social Work Journal*, 39(4), 393-399.
- Shah, G., Veeton, R., & Vasi, S. (1995). Elder abuse in India. In J.I. Kossberg & J.L. Garcia (Eds.), *Elder abuse: International and cross cultural perspectives*, (pp. 101-118). New York: Haworth Press.
- Sherman, C.W., Rosenblatt, D.E., & Antonucci, T.C. (2008). Elder abuse and mistreatment: A life span and cultural context. *Indian Journal of Gerontology Special Issue*, Sharma, K.L., & McDonald, L.(Eds.), 22(3 & 4), 319-339.
- Sivley, J.P., & Fiegner, J.J. (1984). Family caregivers of the elderly. *Journal of Gerontological Social Work*, 8(1), 23-34.
- Smith, J.A., Flowers, P. & Larkin, M. (2011). *Interpretative phenomenological analysis: Theory, method and research*. Thousand Oaks, CA: Sage.
- Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge: Cambridge University Press.

- Solomon Tefera. (2012). *The lived experiences of the abused elderly people in Bishoftu Town: A Phenomenological Study*. Unpublished M.A. thesis. Addis Ababa University: Addis Ababa.
- Sowers, K.M., & Rowe, W.S. (2007). Global aging. In J.A. Blackburn, & C.N. Dulmus (Eds.), *Handbook of gerontology: Evidence-based approaches theory, practice, and policy*, (pp. 3-18). Hoboken: John Wiley & Sons.
- Spinelli, E. (2005). *The interpreted world: An introduction to phenomenological psychology* (2nd ed.). London: Sage.
- Stake, R.E. (2010). *Qualitative research: Studying how things work*. New York: Guilford.
- Strydom, H., & Strydom, C. (2009). The spending patterns of old-age pension by the frail elderly. *Social Work/Maatskaplike Werk*, 45(3), 241-255.
- Sudbery, J. (2010). *Human growth and development: An introduction for social workers*. London: Routledge.
- Tewodros, A. (2000). *Violations of the rights of older men and women in Africa. A paper presented at the 29th Conference of the International Council on Social Welfare in Cape Town*. Nairobi: Help Age International.
- Tietz, J. (2001). *An outline and study guide to Martin Heidegger's Being and Time*. Frankfurt: Humanities Online.
- Tower, C.C. (2002). *Understanding child abuse*. Boston: Allyn & Bacon.
- United Nations. (1993). *Older persons in the family: Factors of empowerment*. New York: Author.

- United Nations.(UN). (2007). *Research agenda on ageing for the 21st century*. New York: Author.
- United Nations.(UN). (2008a). *The Madrid international plan of action on aging: Guiding framework and toolkit for practitioners & policy makers*. New York: Author.
- United Nations.(UN). (2008b). *Strengthening older people's rights: Towards a UN convention*. New York: Author.
- United Nations Department of Economic and Social Affairs. (2011). *Implementing the Madrid plan of action on aging, generational issues and integration section division for social policy and development*. Mexico, DF: Author.
- United Nations Population Fund. (UNPF).(2002, April). *Situation and voices: The older poor and excluded in South Africa and India*. New York: Author.
- United Nations Population Fund (UNPF). (2011). *The state of world population 2011*.New York: Author.
- United Nations Population Fund (UNPF) & Help Age International.(2011). *Overview of available policies and legislation, data and research, and institutional arrangements relating to older persons-progress since Madrid*. New York: Author.
- Valentine, D. & Cash, T. (1986). A definitional discussion of elder maltreatment.*Journal of Gerontological Social Work*, 9(3), 17-28.
- Voice of Midlife and Older Women. (2009). *Elder abuse: A women's issue*. Washington, DC: Author.

- Walsh, C.A., Olson, J.L., Ploeg, J., Lohfeld, L., & MacMillan, L.H. (2010). Elder abuse and oppression: Voices of marginalized elders. *Journal of Elder Abuse & Neglect*, 23 (1), 17 – 42.
- William D., Crano, W.D. & Brewer., M.B. (2002). *Principles and methods of social research* (2nd ed.). Mahwah: Lawrence Erlbaum Associates.
- Willig, C., & Billin, A. (2012). Existentialist phenomenology. In H. David & A.R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*, (pp. 117-130). Oxford: Wiley-Blackwell.
- World Health Organization.(WHO).(2008). *Discussing screening for elder abuse at primary health care*. Geneva, Switzerland: Author.
- Yin, R. K. (2011). *Qualitative research from start to finish*. New York: The Guilford.
- Zachary, Z., & Dayton, J. (2003). *The living arrangements of older adults in sub-Saharan Africa in a time of HIV/AIDS*. New York: Population Council.
- Zhan, H. J. (2005). Social-economic context of parent care. *Journal of Gerontological Social Work*, 45(4), 83-100.
- Zweck, C., Paterson, M. & Pentland, W. (2008). The use of hermeneutics in a mixed methods design, *The Qualitative Report*, 13(1), 116-134.

Appendices

Appendix A: Informed Consent Form

Potential research participants received information about the researcher, the research title, objective of the research, participation, interview process, benefits and possible discomfort of participation, and protecting confidentiality and privacy of participants.

The researcher

My name is Samson Chane. I am a doctoral candidate at Addis Ababa University, School of Social Work in Addis Ababa, Ethiopia. I am conducting this research in partial fulfillment of the requirements for a PhD in Social Work & Social Development.

Research title

Domestic Elder Abuse: A Phenomenological Study of the Lived Experiences of Abused Elders in Dangila Town Administration, Ethiopia.

Objective of the research

The objective of this study is to describe, interpret and understand the lived experiences of abused elders at Dangila Town Administration, Ethiopia. The study focuses on describing the factors contributing to the risk of elder abuse, types of abuse experienced by abused elders, the effects of abuse, and the responses adopted by abused elders to manage the problems.

Participation

Participation in this study is voluntary and participants may refuse to answer some questions and decline to participate at any time for their own reasons.

Interview process

After obtaining their informed consents participants will take part in face-to-face interviews conducted by the researcher, and they will be asked about their experiences as abused elders.

Benefits

Here are the benefits that the participants are expected to obtain. Participants may feel satisfaction for their altruistic activity of sharing their experiences that has contribution to know about elder abuse, for getting attention to their experiences as abused elders, and having the opportunity to have their voices heard. They will receive financial compensation in return for their collaboration and spending their time and energy in the course of interviews.

Possible discomfort

Participating in this research does not cause any harm to the participants. Perhaps participants will feel discomfort such as grief, remorse, desperation, and anger when they narrate their experiences of abuse.

Confidentiality and privacy protection

To ensure confidentiality and protect participants' privacy tape-recorded interviews, field notes and transcriptions will be kept in a secured place. These documents will be given code numbers and they will be accessible only to the researcher. Any information that gives clue to identify participants will be altered, and pseudonyms will be used to protect the confidentiality of participants.

Checking documents

Participants will have the opportunity to check tape-recorded interviews and make reflections.

Disseminating research report

Research participants will be informed that the final research report will be submitted to the School of Social Work, Addis Ababa University, and the study results may be presented in the seminars and conferences and published in academic journals.

Permission to use voice recorder

Participants will be asked to give permission to have the interviews tape-recorded and transcribed.

Confirmation

If you are willing to participate in this study please sign two copies of this informed consent form and return one copy to the researcher and keep the other copy with you.

Participant's Name _____ Signature _____ Date _____

Researcher's Name _____ Signature _____ Date _____

Thank you for your willingness to participate in this study!

Appendix B: Interview Guide Questions

In preparation of the interview guide, the literature review has been consulted to identify the major themes. Accordingly in line with subsidiary research questions the interview guide questions are designed to focus on the background of research participants; attitudes towards an elder, care and relation; experiencing abuse (physical abuse, emotional or psychological abuse, financial abuse, elder neglect, abandonment, privacy, sexual abuse), impact of elder abuse; coping mechanisms; participant's recommendations and closing question.

I. Questions on background of research participant

- Can you tell me about yourself?

That is your age, marital status, family, children, living arrangement, level of education, previous and current occupation, source of income, physical and mental health conditions.

II. Attitude towards an elder, care and relation

- What do you feel being an old woman/man?
- What do you say about the attitudes of your family, relatives, and neighbors towards you?
- How are things in the home?
- Who is in charge of providing care and support to you?
- What type of care do you receive from the caregivers?
- Can you tell me about your relation with the caregiver/s?

III. Experiencing abuse

- How do you describe elder abuse?
 - Can you give examples of elder abuse practices?
 - Have you had any experience of abuse?
 - Would you tell me what exactly did you experience and the context in which the experience took place? What is the frequency of this situation?
- Here each participant will be asked more questions to explore her/his lived experiences of abuse pertaining to emotional or psychological abuse, physical abuse, financial abuse or material exploitation, labor exploitation, sexual abuse, and neglect.

Emotional or psychological abuse

- Do you feel that you are being treated as a respected older adult?
- Has anyone who has a close relationship with you caused you to feel sad, angry, shame, fear, and anxious?
- Have you been emotionally or psychologically abused? (probing questions will be used to hear the views of each participant on their experiences of being yelled at, verbally threatened, humiliated,insulted, harassed, isolated, etc)

Physical abuse

- Is there any person at home or in the neighborhood that you are afraid of? Why?
- Do you remember the situation that you have faced physical abuse in the hands of spouse, family members, caregivers, relatives or neighbors?
- Please explain forms of physical abuse that you have experienced? (beating, slapping, pushing or pulling, twisting, pinching, being locked in a room,..)

Financial abuse

- How do you manage your money and property?
- Do you feel that you have access and control of your possessions?
- Are there individuals who depend on your financial or material support? How is your relation with these persons?
- Have you ever signed or transferred forcefully any documents and possessions?
- Has anyone used or tried to use your money or possessions without your consent?
- Have you been stolen, deceived or deprived of your personal belongings?
- Is there anyone that misuses your money and property?
- Is there anyone who refuses to return the money or material that you lent?
- Is there any employer that denied you or reduced the amount of payment you deserve in return for doing work?
- Have you experienced impositions from a person to do a work?

Sexual abuse

- Have you encountered sexual abuse?
I will probe the participants to speak about their experiences of sexual abuse - if they had. I will utter examples of practices of sexual abuse such as sexual touching or fondling, sexual assault and inappropriate sexual language or acts.

Elder neglect

- Please tell me about your living condition?
- Do you get proper care and support?
- Have you been deprived of food, clothing, medical care, sanitation, and proper living space?
- How do you explain your relation with family members, relatives, friends and neighbors?
- Do you feel safe in your current relationship?
- Can you explain your involvement in social affairs?
- Do you feel loneliness?
- May you have an experience of being abandoned?
- Would you explain the situation in detail?

V. Privacy

- Do you have privacy in your personal matters?
- How do you judge your right to make decisions in personal and family affairs?

VI. Impacts

- Do you think about the impacts of different forms of elder abuse that you have experienced have impacts in your life?
- In what ways did these experiences affect you?
- What changes did you observe in your living conditions following these happenings?
- What does it mean to be elder abuse victim to you? What do you feel?

VII. Concerns

- As victim of abuse what are your major concerns?

Coping mechanism

- How do you cope with those problems of abuse that you have experienced?
- What were the responses of family members, relatives, friends, neighbors and local institutions?

VIII. Closing question

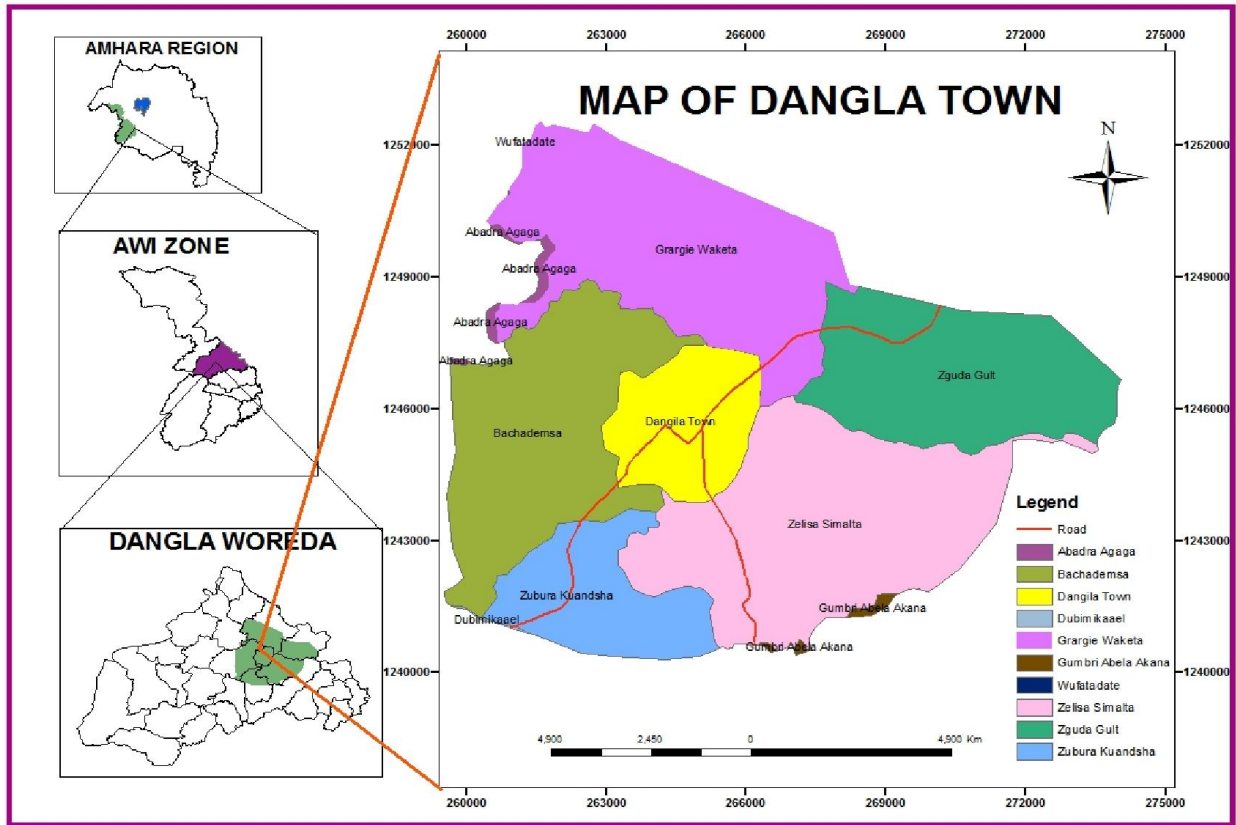
- Do you want to add some points before closing of this interview session?

Thank you very much for participating in this interview!

Appendix C: Glossary

- Areki*: Homemade traditional Ethiopian alcohol) and *tella* (a kind of traditional beer prepared in the house.
- Dagusa*: A kind of cereal used to prepare *injera*, and it serves as an ingredient to prepare *areki* and *tella*.
- Emma*: A prefix used to show respect to an old woman.
- Gibito*: Bean like cereal.
- Iddirs*: One of the indigenous institutions organized by community members voluntarily. The main function of *iddir* is to provide funeral services, financial support, and condolences to members during bereavement.
- Injera*: Traditional bread made of cereals like *teff* and *dagusa*.
- Iqqib*: Local saving and credit association organized by a number of people.
- Kebele*: An administrative unit at the *woreda* at the grass roots level.
- Keribo*: Alcohol free traditional beer.
- Khat* : It is known by the name *catha edulis*. It is a type of leaf people chew for its psychic stimulant effects.
- Kuna*: A kind of plate made of straw.
- Madrasah*: It is Islamic religious school.
- Mahiber*: A social or religious association organized by voluntary people that brings members together to support each other.
- Shimagles*: They are wise persons who had experience as mediators.
- Shiro wot*: It is prepared from bean, peas, chickpeas, and lentils cooked in a liquid form and usually served with *injera* and bread.
- Woreda*: An administrative unit under zone.
- Yebuna kuris*: It may be slice of bread or dried or boiled cereal given to attendants of the coffee ceremony while the coffee is served.

Appendix D: Map of Dangila Town Administration



Source: Adapted from Federal Republic of Ethiopia Central Statistical Agency, 2007

